



**MILEAGE REIMBURSEMENT PROGRAM TRIP LOG AND CLAIM FORM**

Return Form To:  
 Tennessee Carriers, Inc. Mileage  
**Reimbursement Program**  
 3180 Millington Road  
 Memphis, TN 38127  
 nemtprograms@tenncarriers.com

ITINERARY ID: \_\_\_\_\_

INSURANCE ID #: \_\_\_\_\_

MCO PLAN NAME: \_\_\_\_\_

MEMBER PHONE #: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_

DRIVER SIGNATURE: \_\_\_\_\_

MEMBER STREET ADDRESS: \_\_\_\_\_

DRIVER LICENSE NUMBER #: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DRIVER NAME: \_\_\_\_\_

| Trip Date | Origin Address Information                         | Destination Address Information                    | Physician / Clinician Signature | Authorized Mileage |
|-----------|--|--|---------------------------------|--------------------|
|           | Name:<br>Address:<br>City, State, Zip:<br>Phone #: | Name:<br>Address:<br>City, State, Zip:<br>Phone #: |                                 |                    |
|           | Name:<br>Address:<br>City, State, Zip:<br>Phone #: | Name:<br>Address:<br>City, State, Zip:<br>Phone #: |                                 |                    |
|           | Name:<br>Address:<br>City, State, Zip:<br>Phone #: | Name:<br>Address:<br>City, State, Zip:<br>Phone #: |                                 |                    |
|           | Name:<br>Address:<br>City, State, Zip:<br>Phone #: | Name:<br>Address:<br>City, State, Zip:<br>Phone #: |                                 |                    |
|           | Name:<br>Address:<br>City, State, Zip:<br>Phone #: | Name:<br>Address:<br>City, State, Zip:<br>Phone #: |                                 |                    |
|           | Name:<br>Address:<br>City, State, Zip:<br>Phone #: | Name:<br>Address:<br>City, State, Zip:<br>Phone #: |                                 |                    |

Each date of service must have a Physician or other treating Provider signature for reimbursement to be approved. NOTE: All medical appointments will be confirmed before reimbursement is made. This form must be received within 180 days of the date of travel.  
 Mileage Reimbursement Rate is \$ 0.50 per mile.\*

I certify the information contained herein is true, correct and accurate. I further certify that all transportation was in accordance with the Tennessee Carriers, Inc. MILEAGE REIMBURSEMENT POLICY and was in conjunction with transportation to TennCare covered services only.

Member / Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_