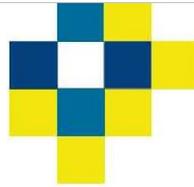


TENNESSEE
CARRIERS



Mileage Reimbursement Program Form Instructions

1. The doctor or nurse must sign the form at the time of your visit to confirm you were there.
2. The mileage reimbursement amount for each trip is based on online map mileage. Mileage is from pick-up to drop-off location and the return trip home.
3. Make sure the form is correct and complete before submitting.
4. The completed form must be submitted within 30 days from the date of the trip.
5. Your claim will be processed within one (1) business day from the date it is received in our office.

Your Responsibilities

As a member you must do the following to make sure you receive reimbursement.

1. Call the Tennessee Carriers call center to set the day and time of your visit. Use the Amerigroup or United HealthCare phone number below. If you will be going to a visit more than once, you may be able to set up a subscription. The visit must be made and approved before the actual appointment day or you will not receive reimbursement.
2. You may only request reimbursement for visits to and from your covered medical visits.
3. Please make sure your information is correct when you book your trip. If you provide the wrong address, time, phone number, or other information, we may not be able to reimburse your mileage.
4. Made changes to your visit? Contact our call center to let us know the changes. Your reimbursement is based on the approved mileage.

If you provide a fake reimbursement form it will be quickly reported to TennCare. All Mileage Reimbursement Claims Forms are subject to approval before you receive the reimbursement.

Mailing Address:

Tennessee Carriers, Inc.
ATTN: Mileage Reimbursement
3180 Millington Rd.
Memphis, TN 38127

Mileage Reimbursement Fax:

901.795.7025

Email: nemtprograms@tenn carriers.com

Questions about your trip or need to make changes? Contact the Tennessee Carriers, Inc. Transportation Call Center at:

Amerigroup: 1.866.680.0633

United HealthCare: 1.866.405.0238

If you have any questions, please contact our Mileage Reimbursement Coordinator at 1.901.795.7055 X 3826.

Do you need free help with this letter?	
If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English. It also tells you about other help that's available.	
Spanish:	Español ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-690-1606 (TTY 711).
Kurdish:	کوردی ناگاداری: نەگەر بە زمانی کوردی قەسە دەکەیت، خزمەتگوزاریمانی یارمەتی زامان، بەخۆراییی، بۆ تۆ بەردەستە. پەیوەندی بە 1-800-690-1606 (TTY 711) بکە.
Arabic:	العربية ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-690-1606 رقم هاتف الصم والبكم (TTY 711).
Chinese:	繁體中文 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-690-1606 (TTY 711)。
Vietnamese:	Tiếng Việt CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-690-1606 (TTY 711).
Korean:	한국어 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-690-1606(TTY 711)번으로 전화해 주십시오.
French:	Français ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-690-1606 (TTY 711).
Amharic:	አማርኛ ማስታወሻ: የግሪክኛ ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉ ተዘጋጅተዋል። ወደ ግንኙነት ቁጥር ይደውሉ 800-690-1606 (TTY 711).
Gujarati:	ગુજરાતી સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-690-1606 (TTY 711).
Laotian:	ລາວ ໂປດລາວ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຈະມີມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-690-1606 (TTY 711).
German:	Deutsch ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-690-1606 (TTY 711).
Tagalog:	Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-690-1606 (TTY 711).
Hindi:	हिंदी ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-690-1606 (TTY 711). पर कॉल करें।
Serbo-Croatian:	Srpsko-hrvatski OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-690-1606 (TTY 711).
Russian:	Русский ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-690-1606 (TTY 711).

Nepali:	नेपाली ध्यान दिनुहोस्: तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क उपलब्ध छन्। 1-800-690-1606 (TTY 711) मा फोन गर्नुहोस्।
Persian:	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-690-1606 (TTY 711) تماس بگیرید.

- Do you need help talking with us or reading what we send you?
- Do you have a disability and need help getting care or taking part in one of our programs or services?
- Or do you have more questions about your health care?

Call us for free at **1-800-690-1606**. We can connect you with the free help or service you need (for **TTY call: 711**).

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birth place, language, age, disability, religion, or sex. Do you think we did not help you or you were treated differently because of your race, color, birth place, language, age, disability, religion, or sex? You can file a complaint by mail, by email, or by phone.

Here are three places where you can file a complaint:

<p>TennCare Office of Civil Rights Compliance</p> <p>310 Great Circle Road, 3W Nashville, Tennessee 37243</p> <p>Email: HCFA.Fairtreatment@tn.gov</p> <p>Phone: 855-857-1673 TRS: 711</p> <p>You can get a complaint form online at: https://www.tn.gov/content/dam/tn/tenncare/documents/complaintform.pdf</p>	<p>UnitedHealthcare Community Plan</p> <p>Attn: Appeals and Grievances P.O. Box 5220 Kingston, NY 12402-5220</p> <p>Phone: 800-690-1606 TTY: 711</p> <p>You can get a complaint form online at: http://www.tn.gov/hcfa/article/civil-rights-compliance</p>	<p>U.S. Department of Health & Human Services</p> <p>Office for Civil Rights 200 Independence Ave SW Rm 509F, HHH Bldg Washington, DC 20201</p> <p>Phone: 800-368-1019 TDD: 800-537-7697</p> <p>You can get a complaint form online at: http://www.hhs.gov/ocr/office/file/index.html</p> <p>Or you can file a complaint online at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</p>
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