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 120 days from the date of the trip.
5. Your claim will be processed within 14 days from the date the claim form is received in our system.
6. The driver must sign the form and provide their driver's license number.
7. You will need to attach a copy of the driver's license and a copy of the driver's automobile insurance card to the claim form before sending back to Tennessee Carriers.
8. If you already have a valid driver's license on file, you do not need to send another copy. We will not reimburse you for the additional copies.

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 Wellpoint 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
PO Box 771380

Memphis, TN 38177

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

Wellpoint: 1.866.680.0633 United HealthCare: 1.866.405.0238

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MILEAGE REIMBURSEMENT PROGRAM TRIP LOG AND CLAIM FORM

TENNESSEE CARRIERS

INSURANCE ID #:

Return Form To:
Tennessee Carriers, Inc.
Mileage Reimbursement Program
PO Box 771380
Memphis, TN 38177

ITINERARY ID:

MEMBER PHONE #:

MCO PLAN NAME:

DRIVER SIGNATURE: _____

MEMBER NAME:

DRIVER LICENSE NUMBER #: _____

MEMBER STREET ADDRESS:

DRIVER NAME: _____

CITY, STATE, ZIP:

Trip Date	Origin Address Information	Destination Address Information	Physician / Clinician Signature	Authorized Mileage
	Name: **Address:** **City, State, Zip:** **Phone #:**	**Name:** **Address:** **City, State, Zip:** **Phone #:**		
	Name: **Address:** **City, State, Zip:** **Phone #:**	**Name:** **Address:** **City, State, Zip:** **Phone #:**		
	Name: **Address:** **City, State, Zip:** **Phone #:**	**Name:** **Address:** **City, State, Zip:** **Phone #:**		
	Name: **Address:** **City, State, Zip:** **Phone #:**	**Name:** **Address:** **City, State, Zip:** **Phone #:**		
	Name: **Address:** **City, State, Zip:** **Phone #:**	**Name:** **Address:** **City, State, Zip:** **Phone #:**		
	Name: **Address:** **City, State, Zip:** **Phone #:**	**Name:** **Address:** **City, State, Zip:** **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 120 days of the date of travel. Your trip must be prior authorized through the call center.

Beginning 4/1/25, multiple members in the same household with appointments on the same day at the same facility will only be reimbursed for one member.

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:** _____