

# Mileage reimbursement form



All fields must be filled out completely or we will not be able to process your reimbursement.  
Log in to your member account to complete and submit a digital version of this form.

Medicaid recipient's name and address	Phone number we may use to contact you	Alternate phone number	Date of birth	Medicaid ID

*Reimbursement can only be provided to the member's address on file with Priority Health.  
Please submit within 90 days after your appointment.*

<b>Appointment date</b>	<b>Appointment time</b>
<b>City of origin</b>	<b>Destination</b>

**\*To be filled out by the Medical Provider\***

Name of medical facility	
Address and phone number	
Name of physician	
Type of provider	
Purpose of visit	
Signature (Receptionist,nurse or doctor signature)	Date

If you, your family, neighbors, friends, relatives, etc. can provide transportation, it is expected to be provided without reimbursement. If transportation has been provided at no cost, it is reasonable to expect this to continue, except in extreme circumstances or hardship. Please explain your hardship:

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**I understand that I will be paid mileage only to the closest provider capable of providing the necessary services. I certify that the above information is correct to the best of my knowledge and the attached receipts, if any, represent eligible expenses.**

Signature

(Recipient, parent or guardian)

Date

**Please return to:**

Priority Health Transportation Coordinator  
MS1250  
1231 East Beltline NE  
Grand Rapids, MI 49525

**Or, Fax to:**

616.464.8905

*NOTE: Reimbursement rate is \$0.63 per mile. There are penalties for fraudulently submitting claims for reimbursement and misrepresentation of receipts submitted for payment.*

Priority Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 711).