



MaineCare Self Drive/FFN Mileage Reimbursement

Mail Forms To: MidCoast Connector
Fiscal Department
9 Field St. – Suite 201
Belfast, ME 04915

Call In Appointment: 1 (855) 930-7900 Option 1

Reimbursement Questions: 1 (855) 930-7900 Option 4

Mileage reimbursement is available only for MaineCare NET eligible appointments scheduled with MidCoast Connector prior to the appointment.

Forms must be received within 60 days of the appointment date. *MAT sheets are required for all MAT appointments*

MaineCare Member Information (Required)

☐ Check box if address has changed. MaineCare must be notified of all changes.

Member Name _____ MaineCare ID _____

Physical Address _____ Phone _____ Date of Birth _____

Email (optional) _____

I certify the information above is accurate, and I give consent to MidCoast Connector staff to verify all appointments with the MaineCare billable service provider listed below.

☐ Check box if the Signature below is an Authorized Representative/Guardian of Member

Live signature of MaineCare Member _____ Date _____

Driver Information (Required)

Per Policy, only the driver of the vehicle will be reimbursed, only one driver per form.

Driver Name _____ Driver's license _____

Mailing address _____ Phone _____ Expiration Date _____

Email (optional) _____

I, as the driver, certify by signing this form that I have a current and valid Maine driver's license. The vehicle used for the service below has a valid inspection sticker, is registered, and insured with the State of Maine.

☐ Check box for a new driver or if driver information has changed.

Live signature of Driver: _____ Date: _____

Medical/Service Provider Information (Required)

Only one Medical Facility/Dept/Location per form

Medical/Service provider name: _____

Service address: _____ Phone: _____

Member Appointment Info		Authorized MaineCare Service Provider ONLY		Fiscal Use ONLY		
Date (M/D/YY)	Time	Provider Authorized Signature	Service Date	A	B	Inc

Date received

Fiscal Use ONLY

Incidentals

\$

Grand Total

\$

Audit Y ☐ N ☐

Medication History Y ☐ NA ☐

Vendor number _____

ROF _____

Utilities checked _____

Delivered date _____

Copied for Return ☐ _____

PA # _____

Access checked _____

Employee Initials _____

Self Drive/FFN Mileage Reimbursement Form Completion Instructions

All reimbursement forms must be legible, unsoiled, and completed in full. Incomplete, illegible, or soiled forms will be returned with a letter detailing the reason(s) for any form(s) being returned.

1. All Appointments **must** be called in to MidCoast Connector **prior** to the appointment occurring. Out of State appointments require a minimum of 7 days' notice as Prior Authorization is required. Please call MidCoast Connector at 1 (855) 930-7900 Option 2 to schedule or renew trips, or to make any member information changes.
2. A single form can be used for up to seven (7) appointments at the same medical provider/department/location.
3. The following information must be completed entirely on the reimbursement form **prior** to the appointment and **prior** to obtaining signature(s) from the provider:
 - MaineCare Member Information section – **Bold** items must match MaineCare Eligibility information
 - Medical/Service Provider Information section
 - Appointment Information section – Date and Time
4. Driver information must be completed entirely to avoid form returns.
5. A live signature and date are required from the **Member** and from the **Driver**. **No photo-copied signatures will be accepted.**

6. **Service Providers** or designated office staff members **only** are to complete inside the Authorized MaineCare Service Provider ONLY box. Do not sign blank forms (See # 3). Provider Signature in **Blue** or **Black** ink is preferred. Signature Stamps are not allowed.

7. For all Medication Assisted Treatment appointments the MAT sheet(s) must be attached.
8. Do NOT write or mark in the Fiscal Use Only sections (gray area), these are for MidCoast Connector use only.
9. Please make sure to follow the 60 day policy, appointments received over 60 days from the appointment date will not be processed for reimbursement. Allow time for Postal delays.
10. Forms with multiple appointment dates, all eligible appointments will be processed. For appointments that are not eligible, we will return a copy of the original form with a letter detailing the reason(s) for return.
11. Reimbursement occurs every two weeks. Forms must be received by Wednesday, 10 days before the pay date, to be included in the upcoming payment cycle. Otherwise, reimbursement will be paid on the next payment cycle (in two weeks).
12. Weekly form submissions are recommended to provide a consistent payment cycle and avoid payment delays.
13. Additional forms and a reimbursement calendar can be requested by calling 1 (855) 930-7900 Option 5, by emailing ap@midcoastconnector.org or downloaded from www.waldocap.org/mainecare-transportation.
14. Forms must be submitted via mail or dropped off in the WCAP drop box at the address on the front of the form. **Faxed or emailed forms will not be accepted.**

Mailings with insufficient postage will be returned to sender by the U.S. Post Office for appropriate postage.