



MaineCare Self Drive/FFN Mileage Reimbursement

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

Schedule: 1 (855) 930-7900 Option 2

Reimbursement Questions: 1 (855) 930-7900 Option 5

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. *Outpatient medication history sheets are required for clinic trips only*

Required MaineCare Member Information

Member Name _____ Phone _____ MaineCare ID _____
 Physical Address _____ Email _____ Date of Birth _____
 _____ **Check box if address has changed. MaineCare must be notified of all changes.**

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 of Member**

Live signature of MaineCare Member _____ Date _____

Required Driver Information: Per Policy, only the driver of the vehicle will be reimbursed

Driver Name _____ Phone _____ Driver's license # _____
 Mailing address _____ Email _____ Exp. Date _____
 _____ **Check box for a new driver or if driver information has changed.**

I 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 and is registered and insured with the State of Maine.

Live signature of Driver: _____ Date: _____

Required Medical/Service Provider and Appointment Information

Medical/Service provider name: _____

Service address: _____ **Phone:** _____

Authorized Service Provider ONLY completes this section		Fiscal use only
Trip Date	Provider Authorized Signature	
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Date received	Incidentals	\$
	Grand Total	\$
	Utilities checked _____	Vendor number _____
	Medication History _____	Delivered date _____
	Access checked _____	Employee initials _____

SELF DRIVE/FFN REIMBURSEMENT FORM COMPLETION INSTRUCTIONS

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

1. All appointments **must** be scheduled with MidCoast Connector **prior** to the appointment date. Please call MidCoast Connector at 1 (855) 930-7900 Option 2 to schedule or renew trips, or to make any member information changes.
2. Member must enter the following information on the reimbursement form **prior** to the appointment date:
 - MaineCare ID
 - Full name and address of Member *(is required to match MaineCare eligibility information)*
 - Member's Date of birth
 - Valid and working telephone number
 - Medical Provider name, telephone number and physical address.
 - All Clinical Visits – Outpatient Medication History Sheets must be attached
3. The Required Driver Information must be completed entirely to avoid form returns.
4. Service Providers or designated office staff members **only** are to sign and date inside the Provider Section. Live signatures are required by MaineCare, and signature stamps are not allowed.
5. Member must return this form with a live signature and date. **No photo-copied signatures will be accepted.**
6. Completed forms received more than 60 days from the appointment date will not be processed for payment.
7. Reimbursement occurs every two weeks. Forms must be received on Wednesday, 10 days before the pay period, to be included in the upcoming payment cycle. Otherwise, reimbursement will be paid on the next payment cycle (in two weeks).
8. Weekly form submissions are recommended to provide a consistent payment cycle and avoid payment delays.
9. Additional forms can be requested by calling 1 (855) 930-7900 Option 5 or by emailing ap@midcoastconnector.org.

10. Mail Forms to:

**MidCoast Connector
Fiscal Department
9 Field St. – Suite 201
Belfast, Maine 04915**

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