

**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 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. \*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 Jane Doe      MaineCare ID 12345678A  
 Physical Address 123 Mouse St      Phone (207) 123-4567      Date of Birth 1/1/1990  
Anytown, ME 01234      Email (optional) jane@mail.com

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 Jane Doe      Date 7/13/22

**Driver Information (Required)**

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

Driver Name Jane Doe      Driver's license 2345678  
 Mailing address PO Box 1234      Phone 2071234567      Expiration Date 1/1/2025  
Anytown, ME 01234      Email (optional) jane@mail.com

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: Jane Doe      Date: 7/13/22

**Medical/Service Provider Information (Required)**

\*Only one Medical Facility/Dept/Location per form\*

Medical/Service provider name: Dr Joe Brown - ABCD Family Practice  
 Service address: 1 Medical Park Drive, Othertown, ME      Phone: (207) 234-5678

Member Appointment Info		Authorized MaineCare Service Provider ONLY		Fiscal Use ONLY		
Date (M/D/YY)	Time	Provider Authorized Signature	Service Date	A	B	Inc
7/1/22	10:00	<u>Dr Joe Brown</u>	<u>7/1/22</u>			
7/13/22	3:15	<u>Dr Joe Brown</u>	<u>7/13/22</u>			

**SAMPLE ONLY**

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 \_\_\_\_\_