



Dear Healthy Blue Member:

ModivCare will reimburse Healthy Blue members if you decide you want to drive yourself or have someone drive you to your appointment. To be sure you receive payment, you will need to fill out the Mileage Reimbursement Trip Log. You can start using this form when you call the Reservation Line to schedule a trip. Follow the steps under "Here's how it works" to fill out this form. You can call the ModivCare Reservation Line at **855-397-3602** (TTY **866-288-3133**) to request more blank copies of the form.

Your form must be completed in full to receive payment.

- The rate is \$0.29 per mile.
- The distance will be the number of miles from your home to your medical appointment.
- The mileage will be given to you during your reservation phone call.

Here's how it works:

1. Call the Reservation Line to schedule your trip before your appointment date. When you call to schedule your trip, you will be given a trip number.\* **Write down the trip number on the form as soon as you get it from ModivCare.** The trip number and date of your trip are required on the form.
2. Fill out the entire form, except for the space for Physician/Clinician. **You may put up to eight one-way trips on one form.**
3. Take the form with you to your medical appointment and have your doctor or counselor sign it. **Your doctor or counselor must sign the form as proof that you were at your appointment.**
4. Make sure there is only one driver on a form.
  - **Complete and send a different form for each person who drives you to your medical appointments.** Payment will be made to the person you named when making the trip reservation.
  - Tell your reservation specialist if you are using more than one driver.
5. Mail your complete form to:  
ModivCare Claims Department  
North Carolina Mileage Reimbursement  
2552 W. Erie Drive, Suite 101  
Tempe, AZ 85282

6. If you have any questions, issues or concerns, call ModivCare at **877-564-5665** (TTY **866-288-3133**). If a live person cannot answer your call, please leave a detailed voice message with the best phone number to reach you. Voice messages will be returned within one business day.
7. Expect to receive a check based on the schedule below. The claims office follows this schedule.
  - The claims office cannot issue trip numbers.
  - All trip logs must be received by the date in the left column.
  - Allow up to 10 business days to receive payment before calling about a claim.
  - Stop payments can only be placed when 10 business days have passed from the date of mailing.

<b>Invoice due to claims center*</b>	<b>Date payment is mailed*</b>
Thursday, August 12, 2021	Friday, August 27, 2021
Thursday, August 26, 2021	Friday, September 10, 2021
Thursday, September 09, 2021	Friday, September 24, 2021
Thursday, September 23, 2021	Friday, October 08, 2021
Thursday, October 07, 2021	Friday, October 22, 2021
Thursday, October 21, 2021	Friday, November 05, 2021
Thursday, November 04, 2021	Friday, November 19, 2021
Thursday, November 18, 2021	Friday, December 03, 2021
Thursday, December 02, 2021	Friday, December 17, 2021
Thursday, December 16, 2021	Friday, December 30, 2021
Thursday, December 30, 2021	Friday, January 14, 2022

**\*Please remember to obtain all trip numbers from the reservations department in your state.**

Blue Cross and Blue Shield of North Carolina complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation.

**You can get this material and other plan information in large print for free. To get materials in large print, call Member Services at 844-594-5070.**

**If English is not your first language, we can help. Call 844-594-5070 (TTY 711).**

Blue Cross and Blue Shield of North Carolina cumple con las leyes federales de derechos civiles aplicables y no discrimina a las personas por raza, color, nacionalidad, edad, discapacidad, creencias, afiliación religiosa, ascendencia, sexo, identidad o expresión de género u orientación sexual.

**Puede obtener este material y otra información del plan en letra grande, sin costo. Para obtener el material en letra grande, llame a Servicios para Afiliados al 844-594-5070.**

**Si el inglés no es su idioma principal, podemos ayudarlo. Llame al 844-594-5070 (TTY 711).**

Blue Cross and Blue Shield of North Carolina 遵守適用的聯邦民權法，不因種族、膚色、國籍、年齡、身體殘障、信條、宗教信仰、血統、性別、性別認同或表達，或性取向進行歧視。

**您可以免費獲得大字印刷版的本材料和其他計劃資訊。要獲得大字印刷版的資料，請致電會員服務部電話 844-594-5070。**

**如果英語不是您的第一語言，我們可以提供協助。請致電 844-594-5070 (TTY 711)。**

Healthy Blue is a Medicaid plan offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. ® Marks of the Blue Cross and Blue Shield Association. All other marks are the property of their respective owners.

ModivCare is an independent company providing medical transportation services for Healthy Blue members on behalf of Blue Cross and Blue Shield of North Carolina.



**NORTH CAROLINA MILEAGE REIMBURSEMENT TRIP LOG**

**Must be sent to: ModivCare Claims Department  
2552 W. Erie Drive, Suite 101  
Tempe, AZ 85282**

**DRIVER NAME:** \_\_\_\_\_

**RELATIONSHIP TO MEMBER:** \_\_\_\_\_

**DRIVER MAILING ADDRESS:** \_\_\_\_\_

**DRIVER PHONE #:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**MEMBER NAME:** \_\_\_\_\_

**MEMBER ID #:** \_\_\_\_\_

Trip Date	Trip Confirmation #	Medical Provider Name & Phone #	Physician/Clinician Signature*	Total Miles
		Name: Phone #:		
		Name: Phone #:		
		Name: Phone #:		
		Name: Phone #:		
		Name: Phone #:		
		Name: Phone #:		
		Name: Phone #:		
		Name: Phone #:		

\*Each date of service must have a physician or clinician signature in order for reimbursement to be approved.  
NOTE: Each trip will be confirmed with the physician's office before payments will be made.

**I hereby certify the information contained herein is true, correct and accurate. Signature** \_\_\_\_\_  
**(Member's signature)**

Do not write in this space.  
Total mileage to be paid: \_\_\_\_\_ Total amount for this invoice: \_\_\_\_\_ Batch #: \_\_\_\_\_ Batch date: \_\_\_\_\_