FMS Pay LLC (PY2892)

SDP Mileage Reimbursement (Service Code 338)

Participant Name:
UCI #:
Month of Service:

Service Provider Name:
Address:
Phone #:
***Provider Signature:**
Signed Date:

By signing above, provider attests to the truthfulness and accuracy of the below mileage claim. False claims are unlawful and may result in fines and/or prison. Services are paid through Medicaid dollars and are subject to audit at any time. Mileage is paid at the standard IRS rate in effect at the time of service.

Date of Service:	From Address:	To Address:	Mileage Claimed:	Description:

Date of Service:	From Address:	To Address:	Mileage Claimed:	Description:
TOTAL NUMBER OF MILES CLAIMED:				
TOTAL COST CLAIMED:			$	