



**Iowa Department of Human Services  
MILEAGE REIMBURSEMENT TRIP LOG AND CLAIM FORM**

**Must be sent to: TMS Management Group, Inc.  
5800 Fleur Drive, Room 231  
Des Moines, IA 50321-2584  
Phone: 1-866-572-7662 Fax: 1-866-584-7601**

MEMBER NAME: \_\_\_\_\_ MEDICAID ID #: \_\_\_\_\_

DRIVER NAME (If different from Member): \_\_\_\_\_

DRIVER MAILING ADDRESS: \_\_\_\_\_ DRIVER PHONE #: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ DRIVER SIGNATURE: \_\_\_\_\_

*For Repetitive Trips (Cancer Treatment, Dialysis, Wound Care) Physician/Clinician may sign one time for a given month. Please indicate Date Range in the area next to the Signature block*

Trip Date	Medical Provider Name, Address & Phone #	Physician/Clinician Signature*	Total Miles
	Name: Address: Phone #:		Repetitive Trip YES NO
Confirmation Number			Dates (1 Month Max.)
	Name: Address: Phone #:		Repetitive Trip YES NO
Confirmation Number			Dates (1 Month Max.)
	Name: Address: Phone #:		Repetitive Trip YES NO
Confirmation Number			Dates (1 Month Max.)
	Name: Address: Phone #:		Repetitive Trip YES NO
Confirmation Number			Dates (1 Month Max.)

\*\*\*\*\*ALL TRIPS INDICATED ABOVE MUST BE SCHEDULED 72 BUSINESS HOURS PRIOR TO THE TRIP TAKING PLACE WITH TMS\*\*\*\*\*

Each date of service must have a provider's signature in order for reimbursement to be approved. Each trip will be confirmed with the medical provider before payment.

**\*\*PLEASE FILL OUT A SEPARATE FORM FOR EACH PERSON TRANSPORTED\*\***

\_\_\_ I choose to use TMS's mileage reimbursement procedure, and I have read and understand the Mileage Reimbursement Policy. I hereby certify the information contained herein is true, correct and accurate.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

TMS is unable to reimburse you if you submit an incomplete form. Each trip indicated on the form must be called into TMS 72 hours in advance of your appointment. Driver(s) must submit proof of their active auto license and their auto insurance information specifying their name. A new copy of insurance information must be submitted when the insurance on file expires, but it does not need to be submitted with each form.