



Healthy Blue

Reimbursement Log

Email, fax, or mail completed logs to:

Email: payme@mtm-inc.net

Fax: 888-513-1610

MTM, Attention: Trip Logs

16 Hawk Ridge Dr.

Lake St. Louis, MO 63367

Instructions:

- You must call MTM on or before the day of your medical appointment. The number to call can be found on the back of your card or by calling Member Services. You will receive a trip number during this call. You will need to write the number down on this.
- Submit Trip Logs no more than 60 days past the date of the first appointment.
- Any healthcare professional at the facility can sign the Trip Log. *This includes nurses, therapists, physician assistants, or nurse practitioners.* It doesn't have to be the doctor.
- We suggest you make copies of your blank Reimbursement Trip Log. If you need a new copy of this form, you may call and request one be mailed to you, or you may download this form at mtm-inc.net.
- A one-way trip is from your home to the appointment. A round trip is from your home to the appointment and then back home. For trips with more stops, such as an extra trip from the first appointment to a second appointment before going back home, please enter each trip leg on a separate line, for example:
 - 1st leg — home to first doctor
 - 2nd leg — first doctor to second doctor
 - 3rd leg — second doctor to home
- If you don't have a Trip Log, ask your healthcare provider for a note on their facility letterhead. The note should state that you were seen and the date of the appointment. Once you have a new trip log, attach the note from your healthcare provider in place of a signature.
- Incomplete forms cannot be processed. It is your responsibility to complete this form correctly.
- Keep a copy of your Trip Log for your records.
- Questions about the Reimbursement Process?** Please call: **888-513-0703.**

Member Info	First Name:	Last Name:	MO HealthNet #:
	Address:		Phone:
	City:	State:	Zip:
Payment Info	Make payment to:	Relationship to Member: <input type="checkbox"/> Self <input type="checkbox"/> Other:	Date of Birth:
	Address:		Phone:
	City:	State:	Zip:

Trip Log- Revised December, 2018. This communication contains information that is confidential and is solely for the use of the intended recipient. It may contain information that is privileged and exempt from disclosure under applicable law. If you are not the intended recipient of this communication, please be advised that any disclosure, copying, distribution or unauthorized use of this communication is strictly prohibited. Please also notify MTM at 888-561-8747 and return the communication to the originating address.

If you, or someone you're helping, has questions about MTM, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 888-561-8747.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-569-1746 (TTY: 7-1-1).

Non-discrimination. The client has a right to receive services in compliance with Title VI of the Civil Rights Act of 1964, 42 U.S.C.A., 2000d, et seq; 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. 794; the Americans with Disabilities Act of 1990, 42 U.S.C.A. 12101, et seq; and all amendments to each, and all requirements imposed by the regulations issued pursuant to these Acts, in particular 45 C.F.R. Part 80 (relating to race, color, national origin), 45 C.F.R. Part 84 (relating to handicap), 45 C.F.R. Part 86 (relating to sex), and 45 C.F.R. Part 91 (relating to age).



Reimbursement Log (Continued)

Trip #1	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a MO HealthNet covered health service.	Signature & Title of Healthcare Provider: ▶		
Trip #2	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a MO HealthNet covered health service.	Signature & Title of Healthcare Provider: ▶		
Trip #3	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a MO HealthNet covered health service.	Signature & Title of Healthcare Provider: ▶		
Trip #4	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Healthcare Provider Address:		

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	I certify that this patient was seen for a MO HealthNet covered health service.	Signature & Title of Healthcare Provider: ▶		
Trip #5	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:		Healthcare Provider Address:	
	I certify that this patient was seen for a MO HealthNet covered health service.	Signature & Title of Healthcare Provider: ▶		
Trip #6	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:		Healthcare Provider Address:	
	I certify that this patient was seen for a MO HealthNet covered health service.	Signature & Title of Healthcare Provider: ▶		
Trip #7	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:		Healthcare Provider Address:	
	I certify that this patient was seen for a MO HealthNet covered health service.	Signature & Title of Healthcare Provider: ▶		
I have completed this form and I verify that the information on this trip log is true.		Signature of Member, Parent/Legal Guardian, or Representative: ▶		

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Healthy Blue complies with all applicable federal civil rights laws. We do not exclude or treat people in a different way based on race, color, national origin, age, disability, or sex.

If English is not your first language, we can translate for you. We can also give you info in other formats at no cost to you. That includes Braille, audio, large print, and provide American Sign Language interpreter services. Just give us a call at 833-388-1407 (TTY 711).

Si el español es su lengua materna, podemos brindarle servicios de traducción. También podemos proporcionarle esta información en otros formatos, como Braille, audio, letra de imprenta grande y servicios de interpretación de lenguaje de señas americano. Estos servicios se ofrecen sin cargo. Simplemente llámenos sin cargo al 833-388-1407. Los usuarios de TTY deben llamar al 711.

如果中文是您的母語，我們可以為您翻譯。我們也可以用其他格式為您提供資訊，如布萊葉文、音頻及大字體，並提供美國手語翻譯服務。僅需撥打免費電話 833-388-1407 聯繫我們。TTY 使用者請撥打 711。

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association.

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