

*****PSYCHIATRIC REHABILITATION SERVICES ONLY*****

7/30/2011

SECTION I—Consumer Information (to be completed by recipient)

Name:		
Address:		Check if new
Telephone Number:		Check if new
Facility Attended:		
Miles Driven Per Day (Round Trip)	SEPTA Route #'s	

To Medical Assistance Cardholder:

- If you have a car available, or if you know someone who has a car and can take you to your medical appointment, we will provide you mileage reimbursement.
- We will reimburse you at the rate of 25 cents per mile. We will also reimburse you for your actual parking expenses and tolls if you provide the original receipts showing how much you paid.
- We will reimburse you up to \$191 per month, the cost of a SEPTA Anywhere Pass. The full mileage reimbursement rate will only be paid to consumers residing or traveling outside of the SEPTA service area. If you have any questions about whether you reside in SEPTA service area, please contact us at 610-490-3975.
- Consumers attending Methadone Maintenance Facilities, effective August 1, 2010, will only be reimbursed to the second closest Methadone Maintenance Facility to their residence, unless they have an exemption through the Department of Public Welfare
- Reimbursement forms must adhere to the following schedule:

Date stamped by post office	Date check will go out
5 th of the month	15 th of the month
15 th of the month	30 th of the month

SECTION II—Medical Facility Authorization (to be completed by facility)

The above recipient received medical services and presented a current Medical Assistance Access card for the month of: _____.

Please indicate with an "x" the dates the recipient attended, or attach Patient Encounter Sheet.

1	9	17	25
2	10	18	26
3	11	19	27
4	12	20	28
5	13	21	29
6	14	22	30
7	15	23	31
8	16	24	
Total number of attended days:			

Authorized Signature: _____
Title: _____
Address: _____
Telephone Number: () _____
Date Authorized: / / _____

SECTION III—Community Transit Approval

PJ #	Mode	Trips	Mileage	Subtotal	Tolls	Parking	Total Amount	Approval
				\$			\$	

Consumer ID #

MATP Reimbursement—Multiple Facility Form

Please print clearly

Name:		
Address:		Check if new
Telephone:		

To the Medical Assistance Cardholder:

- If you have a car available, or if you know someone who has a car and can take you to your medical appointment, we will provide you mileage reimbursement if it is the least costly, most appropriate service available. We will reimburse you at the rate of **25 cents per mile**. We will also reimburse you for your actual parking expenses and tolls if you provide receipts showing how much you paid.
- A check will be sent to you on the 15th or 30th of the month, along with reimbursement form for the following month.
- We cannot reimburse beyond 60 days. The maximum reimbursement you can receive is 60 days.**
- Original Receipts must be attached for Mass Transit payment. No photocopies will be accepted.**

Date stamped by post office	Date check will go out
5 th of the month	15 th of the month
15 th of the month	30 th of the month

Please return form and corresponding information to:
 Community Transit, MATP
 206 Eddystone Avenue, Suite 200, Eddystone, PA 19022

To the Authorized Signer:
 Your signature indicates that this recipient has received MA compensable medical services from your facility and they presented a **current ACCESS**. Please sign the form on the date(s) indicated.

Visits	Dates	Facility	Address & Telephone #	SEPTA Rte #	Vehicle Mileage	Authorized Signature/ Facility Stamp	
1							
2							
3							
4							
5							
6							
7							
8							
					Total	Total	

Office Staff Only								
PJ #	Mode	Trips	Mileage	Subtotal	Tolls	Parking	Total Amount	Approval
				\$			\$	