



Mileage Reimbursement Program Policy

1. Reimbursement can be made for trips to our facilities only for scheduled appointments.
2. You must be enrolled in our Sliding Fee Program
3. Reimbursement will be paid at the rate of 27 cents per mile.
4. Reimbursement will only be paid for one trip per family per day. Duplicate trips will be deemed not eligible by this office and deleted by our staff.
5. The Reimbursement form must have all information included on each line. Any form without complete information will be deemed non payable and returned. Initials are not accepted in the signature space. Our staff must sign their name.
6. Only the approved form will be accepted for payment. Alternate verification slips will not be accepted.
7. Should there be any changes in your address or Sliding Fee status you must notify us immediately to update your File. Failure to do so will result in termination from the program.
8. Payment will be made for one month at a time. Forms received after 60 days will not be accepted for payment.
9. Reimbursement sheets must be turned into the health center by the 7th of the month to receive payment by the end of the month. Any forms received after the 7th of the month will be held until the next month.
10. Clay-Battelle Health Services Association will not pay for multiple reimbursements for patients traveling together in one vehicle.
11. Failure to adhere to these rules and regulations will be cause for suspension or termination from the Clay-Battelle Health Services Association Mileage Reimbursement Program.
12. The above rules and regulations have been fully explained to me. My signature indicates I understand and agree to these rules and regulations.

Patient Signature

Date

