



Disposition	
Pick-up (enter date)	_____
Mail-by (enter date)	_____

Medical Transportation Screening / Input Document

For payments made directly to client/ attendant (see reverse for instructions)
Complete all information applicable

I	Client Info	Pgm _____ Branch _____ Wkr ID _____ Case # _____ Client _____ Prime # _____ Home Address _____ Phone # _____ _____ DOB _____ Mail Address _____ Payee (if other than client) _____																																	
II	Reason/ Resource Info	Reason (medical necessity) for travel/trip: _____ Is public transportation, or transportation by a relative or friend, available at no cost to DMAP? <input type="checkbox"/> Yes <input type="checkbox"/> No																																	
III	Appointment Info	Destination _____ Appt. Date _____ Time _____ Verified by _____ Depart _____ Time _____ Return _____ Time _____ Ongoing Trips: Begin _____ End _____ <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su																																	
IV	Trip Information <small>(see reverse side for criteria)</small>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Round Trip Mileage</td> <td style="width: 30%;">_____ Miles</td> <td style="width: 20%;">@ \$0.25/mile</td> <td style="width: 20%;">_____</td> </tr> <tr> <td rowspan="4">Client Meals/ Lodging</td> <td>_____ Breakfast(s)</td> <td>@ \$3.00 ea</td> <td>_____</td> </tr> <tr> <td>_____ Lunch(es)</td> <td>@ \$3.50 ea</td> <td>_____</td> </tr> <tr> <td>_____ Dinner(s)</td> <td>@ \$5.50 ea</td> <td>_____</td> </tr> <tr> <td>_____ Nights Lodging</td> <td>@ *\$40.00 ea *or less if available</td> <td>_____</td> </tr> <tr> <td rowspan="4">Attendant Meals/ Lodging</td> <td>_____ Breakfast(s)</td> <td>@ \$3.00 ea</td> <td>_____</td> </tr> <tr> <td>_____ Lunch(es)</td> <td>@ \$3.50 ea</td> <td>_____</td> </tr> <tr> <td>_____ Dinner(s)</td> <td>@ \$5.50 ea</td> <td>_____</td> </tr> <tr> <td>_____ Nights Lodging</td> <td>@ *\$40.00 ea *or less if available</td> <td>_____</td> </tr> </table> <p>Other: <input type="checkbox"/> Commercial Airline <input type="checkbox"/> Intercity Bus <input type="checkbox"/> Train <input type="checkbox"/> Bus Pass / Tickets</p> <p style="text-align: right;">Procedure Code = 35 TOTAL </p>				Round Trip Mileage	_____ Miles	@ \$0.25/mile	_____	Client Meals/ Lodging	_____ Breakfast(s)	@ \$3.00 ea	_____	_____ Lunch(es)	@ \$3.50 ea	_____	_____ Dinner(s)	@ \$5.50 ea	_____	_____ Nights Lodging	@ *\$40.00 ea *or less if available	_____	Attendant Meals/ Lodging	_____ Breakfast(s)	@ \$3.00 ea	_____	_____ Lunch(es)	@ \$3.50 ea	_____	_____ Dinner(s)	@ \$5.50 ea	_____	_____ Nights Lodging	@ *\$40.00 ea *or less if available	_____
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V	Data Entry & Authorization	Terminal Entered by _____ Date _____ Revolving Fund Check # _____ Worker/ Requestor _____ Date _____ Branch Authorizing Signature _____ Date _____																																	

INSTRUCTIONS

Disposition

Pick-up - Enter date.

Mail-by - Enter date.

Section I – Client Info

PGM – Enter client program number.

Branch – Enter branch number.

Wkr ID – Enter worker ID number.

Case # – Enter case number.

Client – Enter full name of client.

Prime # – Enter client prime number.

SSN # – Enter client Social Security number.

Address – Enter client home address, city, state.

Home mail Address - Enter client mailing address, city, state (if different).

Phone # – Enter client phone number.

Client DOB - Enter client date of birth.

Payee – Enter payee name on check, if other than client. (GRDN, Guardian, on SPL2. Then enter “G” as GRDN Code)

Section II – Reason/Resource Info

Enter reason (medical necessity) for travel/trip.

- Mark **Yes** or **No** to indicate what resources are available.
- If resource is available but not used, state reason.

Section III – Appointment Info

Destination – Enter doctor, hospital name, address, city, state, and phone number, if known.

Appt. Date & Time – Enter date and time of appointment.

Verified by – Enter name of branch worker who verified appointment.

Departure Date – Enter date and time (complete only if meals or lodging authorized).

Return Date – Enter return date and time (complete only if meals or lodging authorized).

Ongoing Trips – Enter beginning and ending dates of ongoing rides. Mark appointment days.

Section IV – Trip Information

Round Trip Mileage – Enter total # of miles. Enter total mileage reimbursement (\$) authorized.

Client Meals & Lodging – Enter total # of meals and nights lodging. Enter reimbursement (\$) authorized.

Attendant Meals & Lodging – Enter total # of meals and nights lodging. Enter reimbursement (\$) authorized.

Procedure Code – Enter 35.

Other - Mark one, enter reimbursement (\$) authorized.

TOTAL – Enter total \$ authorized this transaction.

Section V – Data Entry & Authorization

Terminal Entered By – Enter name of entry operator and date entered.

Revolving Fund Check # – Enter number of RF check and attach tissue copy.

Worker/Requestor – Enter name of person making request and date of request.

Branch Authorizing Signature – Obtain signature of branch authority and date of signing.

Meals (Client/Attendant)

Client/attendant meals may be reimbursed when client is required to travel for a minimum of four (4) hours out of their local geographic area AND when the course of travel spans the recognized “normal” meal time. For reimbursement purposes, meals are allowed when:

Breakfast – travel BEGINS before 6:00 a.m.

Lunch - travel BEGINS before 11:30 a.m. OR ends after 1:30 p.m.

Dinner – travel ENDS after 6:30 p.m.

Lodging (Client/Attendant)

Client/attendant lodging will be allowed when the travel must BEGIN before 5:00 a.m. in order to reach a scheduled appointment OR when the travel from a scheduled appointment would END after 9:00 p.m. If lodging is available for LESS than the allowed rate, the lesser amount must be authorized.

Attendant

Use the following criteria to determine if an attendant is necessary:

- Client is a minor child.
- Client is mentally/physically unable to get to medical appointment alone.
- Client is unable to drive self home after treatment or service.
- Client’s attending physician has signed a statement indicating the need for an attendant because of medical/mental condition of the client.