

TUSCARAWAS COUNTY JOB & FAMILY SERVICES

NON-EMERGENCY TRANSPORTATION (NET) RECORD FOR THE MONTH OF _____

Name of Person Going to the Appointment: _____

Address of Person Going to the Appointment: _____

Date of Appointment	Start Location (Town)	Odometer—Start	End Location (Town)	Odometer—End	Total Miles Traveled

THE UNDERSIGNED AGREES THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE. PLEASE PRINT:

Driver's Name: _____ Driver's Signature: _____

Driver's Mailing Address: _____

PLEASE ATTACH REQUIRED VERIFICATION SLIPS, PROOF OF CURRENT CAR INSURANCE, AND A COPY OF THE DRIVER'S VALID DRIVER'S LICENSE.

Submit to: Tuscarawas County Job & Family Services
389 16th Street, SW, New Philadelphia, Ohio 44663

Office Use Only: Total Miles	_____	X \$.46 = \$	_____
H33-850-53	_____		_____

FORMS CAN BE OBTAINED FROM THE AGENCY WEBSITE: www.tcjfs.org OR at TCJFS

**TUSCARAWAS COUNTY JOB & FAMILY SERVICES
NON-EMERGENCY TRANSPORTATION (NET) MILEAGE REIMBURSEMENT**

The Medicaid recipient (person being transported to the appointment) **MUST** contact the NET Coordinator **BEFORE** transportation begins. The NET Coordinator must verify eligibility and open a case before reimbursement can begin.

Reimbursement of \$.46 per mile may be paid to the **driver** for miles traveled while transporting a client to a Medicaid/Managed Care Plan-covered service.

The driver must document the actual odometer readings (beginning and ending) for each trip provided.

Reimbursement may only be paid for the **ACTUAL MILES TRAVELED** (even if more than one person in the vehicle is going to the medical provider).

Each month, the driver must submit proof of current car insurance (coverage during the time period reimbursement is being requested) and a **valid driver's license**.

Verification slips must be signed EACH DAY of transport. A verification slip must be signed by a representative at the medical office/pharmacy to confirm the client was seen and that the provider will bill Medicaid/Managed Care Plan for the service.

Reimbursement will not be paid for days that do not have a verification slip signed by the medical provider. If the medical provider **WILL NOT** bill Medicaid/Managed Care Plan for the service provided, reimbursement **CANNOT** be paid.

NET Mileage Reimbursements are processed once a month and each month is processed separately. Each month's mileage reimbursement requests are to be **submitted, with the required verification forms, to TCJFS by the 10th of the following month.**

All mileage reimbursement requests **must** be submitted to Tuscarawas County Job & Family Services within 60 calendar days of the transport. Payment will not be made for late requests.

All efforts will be made to issue a reimbursement check to the driver within 30 days of receipt of complete and accurate paperwork.

Fraud. Note: Any misuse of this program will result in recovery procedures and/or referral for prosecution. At a minimum, the client's access to transportation will be suspended for three months and may result in the permanent loss of transportation benefits.

Linda Notz
NET Coordinator
Tuscarawas County Job & Family Services
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New Philadelphia, Ohio 44663
(330) 339-7791, Ext. 258

Adam Wilson
Fiscal Specialist
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