

TUSCARAWAS COUNTY JOB & FAMILY SERVICES (TCJFS)

(PLEASE PRINT LEGIBLY)

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: _____ Phone Number: _____

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 = \$ _____
H33-850-518001

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

**TUSCARAWAS COUNTY JOB & FAMILY SERVICES (TCJFS)
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 or designee for miles traveled while transporting a client to a Medicaid-/Management Care Plan-covered service. Due to budget cuts, TCJFS will only reimburse the payee or family for one trip to a city greater than 20 miles away per day. For example: TCJFS will pay for a trip from home, to city A, to city B, etc, and back home. TCJFS will not pay for round trips to each city on the same day. Please make every effort to schedule appointments as close together as possible to avoid multiple trips.

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). If for any reason TCJFS questions the mileage of a trip, TCJFS will Mapquest the trip. TCJFS will then reimburse the lower of the two (BO 51 or Mapquest).

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**.

A verification slip must be signed **for each appointment for EACH DAY of transportation**. A BO 52 form must be signed by a representative at each medical office 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 where a BO 52 form is incomplete. **No photocopies of signatures, or reimbursement cannot be paid.**

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**. Please turn in each month separately.

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.

Sandra Burrier
NET Coordinator
Tuscarawas County Job & Family Services
389 16th Street, SW
New Philadelphia, Ohio 44663
Direct #: 330-308-7716

Adam Wilson
Fiscal Supervisor
Tuscarawas County Job & Family Services
389 16th Street, SW
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Direct #: 330-556-6725