



# Client Mileage Reimbursement Form

300 East St. Germain Street – Suite 220  
 St. Cloud, MN 56304  
 320-257-3036 320-257-3038 fax

Reimbursement Schedule for COMPLETE requests:  
 Received in the STC office 1<sup>st</sup>-15<sup>th</sup> will be mailed on the last day of the month  
 Received in the STC office 16<sup>th</sup> -31<sup>st</sup> will be mailed 15<sup>th</sup> of following month

<i>For office use</i>	
Amount	_____
Date rcvd	_____
Documentation included	_____
Number of trips	_____
Number of miles	_____

Name \_\_\_\_\_

Address \_\_\_\_\_

Choice of gas stations: Holiday \_\_\_\_\_ Speedway \_\_\_\_\_ Casey's \_\_\_\_\_ Kwik Trip \_\_\_\_\_

**\*\* Please use a separate reimbursement form for each month's appointments. \*\***

Date	Proof of trip or visit included (Please check)	Number of miles per trip (Round trip or one way)	Amount to Reimburse (.35 per mile)	Purpose of Trip	Destination City
<b>Total</b>					

By signing this form, I certify that my statements are true and correct and that I am not requesting reimbursement from another source for the trips listed above. **RAAN must be the payer of last resort when requesting reimbursement.** Further, I understand that receiving reimbursement from multiple sources for the same trip or expenses is cause to be discharged from RAAN's Transportation Program. **Lack of proper documentation or incomplete information will delay your payment. REMEMBER TO SIGN BELOW – We cannot reimburse without your signature**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

## DIRECTIONS FOR COMPLETING THIS FORM

To receive reimbursement for mileage incurred accessing medical, dental, mental health care, pharmacy, or other HIV/AIDS supportive services, complete this form and return it to the RAAN office.

### **Mileage**

- It is necessary for you to complete all sections.
- **All requests for mileage reimbursement must be received at the central office within 60 days of the appointment date.**
- **Please use a separate reimbursement form for each month's appointments.**
- Please provide as much identifying information under "Purpose of Trip" as possible, including the name of the clinic or site visited. **Documentation of visit is required including at least one of the following: appointment card, co-pay receipt showing date of service or sign off by your case manager.**
- The amount of the gas card will be rounded up to the amount nearest the available denomination of gas cards. For example, your mileage for \$23.74, you will receive a \$25.00 gas card.
- When a reimbursement day falls on a weekend or holiday, reimbursements will be sent on the next business day.

RAAN cant not reimburse for your mileage until all information is provided. If you have questions or need help, please call your Medical Case Manager or the central office at 320-257-3036.

### **RECEIPTS/PROOF OF VISIT MUST BE ATTACHED IN ORDER FOR RAAN TO REIMBURSE YOUR MILEAGE.**

Mail or fax this form to: **RAAN – 300 East St. Germain Street – Suite 220- St. Cloud, MN 56304**  
**Fax: 320-257-3038**

***\*\*Reminder \*\****

***All required documentation for participation in RAAN programs must be current to receive reimbursement. This includes but is not limited to, current verification of income, insurance or physician appointments. Gas cards will be withheld until documentation is provided by you. RAAN must be payer of last resort when requesting reimbursement. Contact your medical case manager if you have questions.***