

DIRECTIONS FOR COMPLETING THIS FORM

To receive reimbursement for mileage incurred while 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, if your mileage comes out to \$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 can not reimburse you 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.