



Central Chesapeake Region

The Arc Central Chesapeake Region Self-Directed Services Mileage Reimbursement

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Please check if this is a CORRECTED form. Please refer to the Accounts Payable calendar for submittal due dates.

EMPLOYEE NAME (please print):			Month/Year:	
EMPLOYER NAME (please print):			DEPT #:	
Date	Destination	Purpose	Miles	Service
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
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27				
28				
29				
30				
31				
BY SIGNING BELOW, I CERTIFY THAT THE SERVICES REFLECTED ARE TRUE AND ACCURATE AND THAT THE SERVICES ARE IN ACCORDANCE WITH MARYLAND DDA STANDARDS. FALSE INFORMATION CONSTITUTES MEDICAID FRAUD.		Total Miles Driven		<u>SERVICE CODES:</u> X/PS = PERSONAL SUPPORTS CL = COMMUNITY LEARN/DEV SE = SUPPORTED EMPLOYMENT TR = TRANSPORTATION
		Reimbursement Rate		
		Total Reimbursement Amount		
EMPLOYEE SIGNATURE:			DATE:	
EMPLOYER/DESIGNATED REP SIGNATURE:			DATE:	
TOTALS BY SERVICE CODE	Service Code:		Miles:	
** Required to be completed by Employer/DR	Service Code:		Miles:	** NOTE: Please reference your plan/budget/statement to confirm your approved mileage service code(s).
	Service Code:		Miles:	
	Service Code:		Miles:	

PLEASE NOTE THE FOLLOWING PROCESSING CRITERIA FOR MILEAGE REIMBURSEMENT:

- * Transportation provided to medical appointments or out of state must be approved in the plan.
- * Mileage reimbursement to non-employees (vendors) is by DDA approval only. Vendors must be approved in the plan.
- * Reimbursement rates are not to exceed plan approved rates. * Federal mileage reimbursement rates do not impact plan approved rates. Please complete a modification to change mileage rates.