



The Arc Central Chesapeake Region Self-Directed Services Mileage Reimbursement

FMS Direct: 1.866.252.6871 | FMS Fax: 1.888.272.2236
 Mileage Reimbursement Request Submittal: FMSMileage@thearcCCR.org
 Open a Customer Service Ticket: thearcCCR.supportsystem.com

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

EMPLOYEE NAME (please print):		Please check if the employee is a NEW HIRE. <input type="checkbox"/>		Month/Year:	
EMPLOYER NAME (please print):				DEPT #:	
Date	Destination	Purpose	Miles	Service Code**	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
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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		**SERVICE CODES: X = PERSONAL SUPPORTS CD = COMMUNITY DEV. OJS = ONGOING JOB SUPTS RS = RESPITE TR = TRANSPORTATION
			Reimbursement Rate		
			Total Reimbursement Amount		
EMPLOYEE SIGNATURE:			DATE:		
EMPLOYER/AUTHORIZED REP. SIGNATURE:			DATE:		
TOTALS BY SERVICE CODE		Service Code:		Miles:	** NOTE: Please reference your plan/ budget/statement to confirm your approved mileage service code(s).
** Required to be completed by Employer/Rep		Service Code:		Miles:	
by Employer/Rep		Service Code:		Miles:	

PLEASE NOTE THE FOLLOWING PROCESSING CRITERIA FOR MILEAGE REIMBURSEMENT:

- * 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.
- * Transportation provided to medical appointments or out of state must be approved by the Maryland Developmental Disabilities Administration (DDA).