



# 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](mailto:FMSMileage@thearcCCR.org)

Open a Customer Service Ticket: [thearcselfdirected.zendesk.com](https://thearcselfdirected.zendesk.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					
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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		<b>**SERVICE CODES:</b> 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:	<b>** NOTE: Please reference your plan/            budget/statement to confirm your            approved mileage service code(s).</b>
** Required to be completed by Employer/Rep		Service Code:		Miles:	
		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).