



# MILEAGE REIMBURSEMENT REQUEST

Upper Peninsula Health Plan (UPHP) reimburses mileage for UPHP covered medical appointments and services for our members. Clearly fill out this form in its entirety. The provider or office staff must sign, confirming attendance. UPHP reimburses eligible meal and lodging expenses. Members requesting only meal and lodging reimbursement should check the box in the member information section and attach receipts

## MEMBER INFORMATION

Member Name: \_\_\_\_\_ Member Date of Birth (DOB): \_\_\_\_\_  
Member ID# (10 Digits): \_\_\_\_\_ Member Phone: \_\_\_\_\_  
Member Address: \_\_\_\_\_  
Member City, State, Zip: \_\_\_\_\_

I only need reimbursement for attached receipts, such as bridge tolls, parking, meal and lodging.

## DRIVER INFORMATION (if anyone other than the member)

Driver Name (as it appears on drivers license): \_\_\_\_\_  
Driver Date of Birth (DOB): \_\_\_\_\_ Driver Phone: \_\_\_\_\_  
Driver Address: \_\_\_\_\_  
Driver City, State, Zip: \_\_\_\_\_  
Relation to member: \_\_\_\_\_

If this is your first time transporting a UPHP member, you must sign and attach the UPHP Non-Emergent Medical Transportation (NEMT) Attestation to receive reimbursement. This can be found at [www.uphp.com/transportation](http://www.uphp.com/transportation).

Mileage reimbursement is paid out at the current MDHHS rate. Google Maps is used to calculate the nearest distance between the members address to the appointment and back. It can take 30 days for UPHP to process your mileage reimbursement once received at UPHP. **You can view the status of your reimbursement at <https://assist.uphp.com>.**

UPHP reserves the right to deny or reduce reimbursement based on sanction screening or UPHP network rules. UPHP Non-Emergent Transportation Rules and Regulations can be viewed at [UPHP.com/transportation](http://UPHP.com/transportation).

Mail the completed form, and attach any receipts such as bridge tolls, parking, meal & lodging receipts from the transports to:

*Upper Peninsula Health Plan*  
**ATTENTION: TRANSPORTATION**  
853 West Washington Street  
Marquette, MI 49855

### Questions?

Call UPHP Transportation at 1-800-835-2556 (TYY: 711), Monday through Friday from 8 a.m. to 5 p.m. Eastern Time. The call is free. You can also visit [UPHP.com/transportation](http://UPHP.com/transportation) for more information.

Upper Peninsula Health Plan (UPHP) MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

If you have questions, you can contact your Care Coordinator or call UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free.

**You can get this document free of charge in other formats, such as large print, braille, or audio call 1-877-349-9324 (TTY: 711) Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free.**

**APPOINTMENT INFO #1**

Date of Appointment: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ Appointment Type: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider City, State, Zip: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

*I attest the member had a medical service on the appointment date above.*

**UPHP ONLY**

Mileage Total:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPOINTMENT INFO #2**

Date of Appointment: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ Appointment Type: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider City, State, Zip: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

*I attest the member had a medical service on the appointment date above.*

**UPHP ONLY**

Mileage Total:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPOINTMENT INFO #3**

Date of Appointment: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ Appointment Type: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider City, State, Zip: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

*I attest the member had a medical service on the appointment date above.*

**UPHP ONLY**

Mileage Total:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPOINTMENT INFO #4**

Date of Appointment: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ Appointment Type: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider City, State, Zip: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

*I attest the member had a medical service on the appointment date above.*

**UPHP ONLY**

Mileage Total:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UPHP ONLY**

Transp- \_\_\_\_\_

T-Vendor: \_\_\_\_\_

UPHP Initials: \_\_\_\_\_

Date: \_\_\_\_\_