



MILEAGE REIMBURSEMENT REQUEST

Upper Peninsula Health Plan (UPHP) MI Coordinated Health (HMO D-SNP) and UPHP Medicaid Plan 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.

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.

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 (TTY: 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 for more information.

Upper Peninsula Health Plan (UPHP) MI Coordinated Health (HMO D-SNP) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. Enrollment in UPHP MI Coordinated Health depends on contract renewal.

If you have questions, you can contact your Care Coordinator or call UPHP Customer Service at 1-800-835-2556 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time. The call is free.

Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-835-2556 (TTY: 711) or speak to your provider.

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: _____