



Meals and Lodging Reimbursement Form

Date:
Name of Facility:
Name of Submitter:
Address:
Phone:
Email Address:

To: HAP CareSource Customer Service

HAP CareSource's Process

- The facility submits the form using secure email to the MileageReimbursement@CareSource.com email box.
- HAP CareSource will respond using secure email within two business days for non-urgent requests and immediately for urgent requests identified as “Urgent” in the email subject line.
 - *Approval is based on member eligibility.*
- Once the member has used the benefit, the facility must submit a detailed accounting of the amount used for the dates of service, along with the HAP CareSource approved form to MileageReimbursement@CareSource.com.
- HAP CareSource will review the amount spent for approval and submit for payment.

IMPORTANT: The documents accompanying this sheet may contain confidential information that is legally privileged. The information is intended only for the use of the individual or entity named above. The authorized recipient of this information shall not disclose it to any other party unless required by law or regulation or permitted by the subject of the information.

If you have received this by mistake, please notify the sender immediately at the telephone number above.



Meals and Lodging Reimbursement Form

This authorization represents an agreement between the facility and HAP CareSource to make payment to the facility for meals and lodging.

Patient Name:

Patient HAP CareSource ID Number:

Patient Date of Birth:

Facility NPI:

Procedure:

Facility Tax ID:

OUTPATIENT:

Meals and lodging assistance dates of service:

INPATIENT:

Meals and lodging assistance dates of service:

Meals and lodging rates are for the client, transportation provider and one medically-necessary attendant (or individual with a vested interest).

Non-Emergency Medical Transportation Rate Schedule (Effective Jan. 1, 2023)	
Meals and Lodging	Maximum
Meals <i>The vehicle must...</i> <ul style="list-style-type: none"> • Breakfast: depart before 6 a.m. and return after 8:30 a.m. • Lunch: depart before 11:30 a.m. and return after 2 p.m. • Dinner: depart before 5:30 p.m. and return after 8 p.m. 	<ul style="list-style-type: none"> • \$8.50 (includes tax)* • \$8.50 (includes tax)* • \$19 (includes tax)* <p><i>*When supported by itemized (for meals and lodging only), unaltered receipts.</i></p>
Lodging	\$75*
	<i>*When supported by itemized (for meals and lodging only), unaltered receipts.</i>
Hospital Facility Meal and Lodging Reimbursement	Maximum
Meals (per diem)	\$19
Lodging	\$75

HAP CARESOURCE USE ONLY

ELIGIBILITY APPROVAL SIGNATURE:

DATE:

Complete After Invoice Has Been Received and Before Sending to Claims for Payment

CLAIMS PAYMENT APPROVAL SIGNATURE:

DATE:

TOTAL NUMBER OF DAYS:

TOTAL REIMBURSEMENT AMOUNT: