

# Family and Friends Mileage Reimbursement Form



You must call CTS 48 business hours in advance of any non-urgent medical appointment to get pre-approved to participate in the Family and Friends Mileage Reimbursement Program. Reimbursements will not be issued for transportation to medical appointments that were not approved in advance of the appointment. Reimbursement of medical transportation expenses will be considered without 48 business hours' notice for urgent appointments if approved by CTS prior to the medical appointment.

DHHS Medicaid policy He-W 574.06 (e), states "If more than one passenger was transported in one trip, a payee shall not submit separate claims for each passenger."

Submit completed reimbursement form to: **Coordinated Transportation Solutions, Inc., 35 Nutmeg Drive Suite 120, Trumbull, CT 06611.**

**Phone: 844-909-7433 Fax: 203-375-0516 Email: FF@ctstransit.com.**

## Member information (please print information clearly)

Member's WellSense ID number	Date of birth (mm/dd/yyyy)	Date (mm/dd/yyyy)		
Member's last name	First name	Middle initial		
Mailing address	City	State	Zip code	
Physical address (if different)	City	State	Zip code	

\*\*\*This is to certify that the information on this form is true, accurate and complete. I understand that payment of this claim may be from Federal and State funds and that any false claims, statements, documents or the concealment of material fact may be prosecuted under applicable Federal and State Laws.

**Member's signature:** \_\_\_\_\_

Coordinated Transportation Solutions, Inc. (CTS) will review and approve the members request for medical transportation. Payment will be made to the member once CTS has verified that the appointment was kept. The member must submit completed forms no later than 30 calendar days after the month that the appointment took place. The member must only be entering one calendar month per form per treating physician.

Total reimbursement for the month is calculated in the following way: Trips will be reimbursed at \$.62.5 per mile.

Member's name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY YOUR MEDICAL PROVIDER ONLY-PLEASE PRINT**

**Physician information (please print information clearly)**

Physician/medical provider/clinic name

Street address	City	State	Zip code
Office phone	Office contact		

Patient traveled by: Car [ ] Bus [ ] Rail [ ]

Dates of Medical Service
_____
_____
_____
_____
_____
_____ -
_____

I attest that the patient named above visited my office/clinic for non-emergency medical appointment(s) on the date(s) as noted.
Physician's/Medical Provider's Signature
_____
National Provider Identifier (NPI)
_____
Date
_____

**\*\*\*\*\*CONFIDENTIALITY NOTICE\*\*\*\*\***

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## Multilanguage Interpreter Services

Important! This is about your WellSense Health Plan benefits. We can translate it for you free of charge. Please call **877-957-1300 (TTY: 711)** for translation help.

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ilimportante! Esta información es sobre sus beneficios de WellSense Health Plan. Podemos traducirlo para usted de forma gratuita. Llame al **877-957-1300 (TTY: 711)** para obtener ayuda de traducción. (ESA)

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Important! Cela concerne vos prestations WellSense Health Plan. Nous pouvons traduire ce contenu gratuitement pour vous. Veuillez appeler le **877-957-1300 (TTY: 711)** pour obtenir de l'aide concernant la traduction. (FRC)

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重要提示! 此信息与您的 WellSense Health Plan 福利有关, 我们可免费提供翻译。如需获得翻译服务, 请拨打 **877-957-1300 (TTY: 711)**。(CHS)

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هام! هذا حول مزايا WellSense Health Plan الخاصة بك. يمكننا ترجمتها لك مجاناً. يرجى الاتصال  
(ARA) للمساعدة في الترجمة. **(TTY: 711) 877-957-1300**

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Wichtig! In diesem Dokument geht es um Ihre WellSense Health Plan-Vorteile. Wir können es kostenlos für Sie übersetzen. Bitte rufen Sie uns unter **877-957-1300 (TTY: 711)** an, um Übersetzungshilfe zu erhalten. (DEU)

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Importante! Esta comunicação é sobre os benefícios da WellSense Health Plan. Podemos traduzir para você gratuitamente. Ligue para **877-957-1300 (TTY: 711)** para obter ajuda com a tradução. (PTB)

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Σημαντικό! Πρόκειται για τις παροχές του WellSense Health Plan. Μπορούμε να σας το μεταφράσουμε δωρεάν. Καλέστε στο **877-957-1300 (TTY: 711)** για βοήθεια σχετικά με τη μετάφραση. (ELG)

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Важно! Здесь содержится информация о преимуществах вашего медицинского страхового плана WellSense Health Plan. Мы можем перевести для вас этот документ бесплатно. За помощью в переводе позвоните по телефону **877-957-1300 (TTY: 711)**. (RUS)

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Quan trọng! Đây là thông tin về quyền lợi trong WellSense Health Plan của quý vị. Chúng tôi có thể dịch thông tin này miễn phí cho quý vị. Vui lòng gọi số **877-957-1300 (TTY: 711)** để được trợ giúp dịch thuật. (VIT)

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ముఖ్యమైనది! ఇది మీ WellSense Health Plan ప్రయోజనాల గురించి.  
మేము దానిని మీ కోసం ఉచితంగా అనువదించగలము. అనువాద సహాయం  
కోసం దయచేసి **877-957-1300 (TTY: 711)** కు కాల్ చేయండి. (TELG)

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중요! 이것은 WellSense Health Plan 혜택에 대한 내용입니다. 무료로 번역해 드릴 수 있습니다. 번역  
도움이 필요하면 **877-957-1300 (TTY: 711)**번으로 문의하십시오. (KOR)

Enpotan! Sa a se sou avantaj WellSense Health Plan ou an. Nou ka tradui li pou ou gratis. Tanpri relel **877-957-1300 (TTY: 711)** pou jwenn èd ak tradiksyon. (HRV)

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Ważne! To dotyczy Twoich świadczeń w ramach planu zdrowotnego WellSense Health Plan. Możemy nieodpłatnie przetłumaczyć dla Ciebie te informacje. Zadzwoń pod numer **877-957-1300 (TTY: 711)**, aby uzyskać pomoc w tłumaczeniu. (POL)

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**Important! This material can be requested in an accessible format by calling 877-957-1300 (TTY: 711).**

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### **Notice About Nondiscrimination and Accessibility**

WellSense Health Plan complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation, limited English proficiency, or moral or religious grounds (including limiting or not providing coverage for counseling or referral services). WellSense Health Plan provides:

- free aids and services to people with disabilities to communicate effectively with us, such as TTY, qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- free language services to people whose primary language is not English, such as qualified interpreters and information written in other language.

Please contact WellSense if you need any of the services listed above.

If you believe we have failed to provide these services or discriminated in another way on the basis of any of the identifiers listed above, you can file a grievance or request help to do so at:

Civil Rights Coordinator  
529 Main Street, Suite 500  
Charlestown, MA 02129  
Phone: 877-957-1300 (TTY: 711)  
Fax: 617-897-0805

You can also file a civil rights complaint with the U.S. DHHS, Office for Civil Rights by mail, by phone or online at:

U.S. Dept. of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019 (TDD: 800-537-7697)

Complaint Portal:  
**[hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html)**