nh healthy families

MTM

Family and Friends Transportation Reimbursement Program Trip Log

Instructions:

- You must call MTM at 888-597-1192 before your medical appointment. You will receive a trip number during this call. You will need to write the number down on this Trip Log. To be reimbursed, you must submit a Trip Log for all trip requests
- Submit Trip Logs no more than 60 days past the date of the first appointment.
- Any healthcare professional at the facility can sign the Trip Log. *This includes nurses, therapists, physician assistants, or nurse practitioner*s. It doesn't have to be the doctor.

Email, Mail or Fax completed logs to:

Email: payme@mtm-inc.net

MTM, Attention: Trip Logs
16 Hawk Ridge Dr.
Lake St. Louis, MO 63367

Fax: 1-888-513-1610

- If you had to pay for tolls or parking, please include your receipts with your Trip Log.
- We suggest you make copies of your blank NH Family and Friends Transportation Reimbursement Trip Log. If you need a new copy of this form, you may call and request one be mailed to you, or you may download this form at https://www.mtm-inc.net/mileage-reimbursement/
- A one-way trip is from your home to the appointment. A round trip is from your home to the appointment and then back home. For trips with more stops, such as an extra trip from the first appointment to a second appointment before going back home, please enter each trip leg on a separate line, for example:
  - 1st leg- home to first doctor
  - 2nd leg- first doctor to second doctor
  - 3rd leg- second doctor to home
- If you don't have a Trip Log, ask your healthcare professional for a note on their facility letterhead. The note should state that you were seen and the date of the appointment. Once you have a new trip log, attach the note from your healthcare provider in place of a signature.
- Incomplete forms cannot be processed. It is your responsibility to complete this form correctly.
- Keep a copy of your Trip Log for your records.
- **Questions about the Reimbursement Process?** Please call: **1-888-513-0703.**

NEW Driver Registration Information Required

- You must register as a driver if you are driving yourself, or a family or friend to a medical appointment for reimbursement to be approved.
- A **New Driver Registration Form** must be completed for each individual driver.
- Remember to include a photocopy of your driver's license (front and back) when submitting the **New Driver Registration Form**.
- Any forms submitted with missing information or without attachments will be denied.

Member Info	First Name:	Last Name:		Medicaid #:
	Address:			Phone:
	City:		State:	Zip:
Payment Info	Make payment to:			Date of Birth:
	Address:			Phone:
	City:		State:	Zip:

nh healthy families MTM

Family and Friends Transportation Reimbursement Program Trip Log (Continued)

Trip #1	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: ☐ Round Trip ☐ One-Way
	Address where you were picked up: ☐ Home ☐ Other:			Healthcare Provider Phone:
	Driver Name:	Driver License #:		Is the Registration Form Completed? ☐ Yes ☐ No
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	**Signature & Title of Healthcare Provider:** ▶		
Trip #2	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: ☐ Round Trip ☐ One-Way
	Address where you were picked up: ☐ Home ☐ Other:			Healthcare Provider Phone:
	Driver Name:	Driver License #:		Is the Registration Form Completed? ☐ Yes ☐ No
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	**Signature & Title of Healthcare Provider:** ▶		
Trip #3	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: ☐ Round Trip ☐ One-Way
	Address where you were picked up: ☐ Home ☐ Other:			Healthcare Provider Phone:
	Driver Name:	Driver License #:		Is the Registration Form Completed? ☐ Yes ☐ No
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	**Signature & Title of Healthcare Provider:** ▶		
Trip #4	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: ☐ Round Trip ☐ One-Way
	Address where you were picked up: ☐ Home ☐ Other:			Healthcare Provider Phone:
	Driver Name:	Driver License #:		Is the Registration Form Completed? ☐ Yes ☐ No
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	**Signature & Title of Healthcare Provider:** ▶		
Trip #5	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: ☐ Round Trip ☐ One-Way
	Address where you were picked up: ☐ Home ☐ Other:			Healthcare Provider Phone:
	Driver Name:	Driver License #:		Is the Registration Form Completed? ☐ Yes ☐ No
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	**Signature & Title of Healthcare Provider:** ▶		
I have completed this form and I verify that the information on this trip log is true.		**Signature of Member, Parent/Legal Guardian, or Representative:** ▶		

Statement of Non-Discrimination

NH Healthy Families complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), mental or physical disability, marital status, genetic information, source of payment, creed, religion or ancestry. NH Healthy Families does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), mental or physical disability, marital status, genetic information, source of payment, creed, religion or ancestry.

NH Healthy Families:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages
    - If you need these services, contact NH Healthy Families at 1-866-769-3085 (TDD/TTY 1-855-742-0123).

If you believe that NH Healthy Families has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), mental or physical disability, marital status, genetic information, source of payment, creed, religion or ancestry, you can file a grievance with:

- **1557 Coordinator**,
- **PO Box 31384, Tampa, FL 33631,**
- **1-855-577-8234,**
- **TTY: 711**,
- **FAX: 866-388-1769,**
- **EMAIL: SM_Section1557Coord@centene.com.**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our **1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html.

This notice is available at NH Healthy Families website: https://www.nhhealthyfamilies.com/members/medicaid/resources/non-discrimination-notice.html.

Language and Alternative Formats

English:
If you or someone you are helping have questions about NH Healthy Families, you have the right to get help and information in your language at no cost. This includes language assistance services, auxiliary aids and services, larger font, oral translation, and other alternative formats. To obtain this, or to speak with an interpreter, please call Member Services at 1-866-769-3085 (TDD/TTY 1-855-742-0123).

Español (Spanish):
Si usted o alguien a quien ayuda tiene preguntas sobre NH Healthy Families, tiene derecho a recibir asistencia e información en su idioma sin costo alguno. Esto incluye servicios de asistencia lingüística, ayudas y servicios auxiliares, letra más grande, traducción oral y otros formatos alternativos. Para solicitarlo o hablar con un intérprete, llame al Servicio para miembros al 1-866-769-3085 (TDD/TTY 1-855-742-0123).

Français (French):
Si vous-même ou une personne que vous aidez avez des questions à propos d'NH Healthy Families, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Cela comprend les services d'assistance linguistique, les aides auxiliaires et les services, les caractères plus grands, la traduction orale et d'autres formats alternatifs. Pour obtenir ces services ou pour parler à un interprète, veuillez appeler les services aux membres au 1-866-769-3085 (TDD/TTY 1-855-742-0123).

中文 (Chinese):
如果您或您的帮助对象对 NH Healthy Families 有疑问，您有权免费获得以您所用语言提供的帮助和信息，其中包括语言协助服务、辅助工具和服务、大字体、口译及其他替代格式。如需获得这些服务或与口译员交谈，请拨打 1-866-769-3085 (TDD/TTY 1-855-742-0123) 联系会员服务部。

नेपाली (Nepali):
यदि तपाईं वा तपाईंले सहयोग गरिरहनुभएको कसैलाई NH Healthy Families सम्बन्धी कुनै प्रश्न भएमा, तपाईंलाई निःशुल्क रूपमा आफ्नै भाषामा सहायता तथा जानकारी प्राप्त गर्ने अधिकार छ। यसमा भाषा सहायता सेवाहरू, सहायक साधन तथा सेवाहरू, ठूलो फन्ट, मौखिक अनुवाद, र अन्य वैकल्पिक ढाँचाहरू समावेश छन्। यी सेवाहरू प्राप्त गर्न वा दोभाषेसँग कुरा गर्न, कृपया सदस्य सेवामा 1-866-769-3085 (TDD/TTY 1-855-742-0123) मा कल गर्नुहोस्।

Tiếng Việt (Vietnamese):
Nếu quý vị hoặc người mà quý vị đang giúp đỡ có câu hỏi về NH Healthy Families, thì quý vị có quyền được giúp đỡ và cung cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Điều này bao gồm cả các dịch vụ trợ giúp ngôn ngữ, các dịch vụ và hỗ trợ cho người khuyết tật, phông chữ lớn, thông dịch, và các định dạng thay thế khác. Để được hỗ trợ, hoặc nói chuyện với một thông dịch viên, vui lòng gọi Dịch Vụ Thành Viên theo số 1-866-769-3085 (TDD/TTY 1-855-742-0123).

Português (Portuguese):
Se você ou alguém que você está ajudando tiver dúvidas sobre o NH Healthy Families, você tem o direito de obter ajuda e informações em seu idioma, sem nenhum custo. Isso inclui serviços de assistência linguística, auxílios e serviços auxiliares, fontes maiores, tradução oral e outros formatos alternativos. Para obtê-lo ou para falar com um intérprete, entre em contato com o Serviço de Atendimento ao Associado pelo telefone 1-866-769-3085 (TDD/TTY 1-855-742-0123).

Ελληνικά (Greek):
Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις σχετικά με τις NH Healthy Families (Υγιείς Οικογένειες του Νιού Χάμσαϊρ), έχετε το δικαίωμα να σας παρασχεθεί δωρεάν βοήθεια και πληροφορίες στη γλώσσα που μιλάτε. Αυτό περιλαμβάνει υπηρεσίες γλωσσικής βοήθειας, βοηθήματα και υπηρεσίες, μεγαλύτερη γραμματοσειρά, προφορική μετάφραση και άλλους εναλλακτικούς τύπους. Για να τα λάβετε αυτά, ή για να μιλήσετε με έναν διερμηνέα, τηλεφωνήστε στις Υπηρεσίες Μελών στον αριθμό 1-866-769-3085 (TDD/TTY 1-855-742-0123).

العربية (Arabic):
إذا كنت أو أي شخص تساعده تودّان الاستفسار عن برنامج أسر في صحة جيدة (NH Healthy Families)، فيحق لكما الحصول على المساعدة والمعلومات بلغتكما بالمجان. وتشمل خدمات المساعدة اللغوية والمساعدات المعاونة والخدمات المساعدة والكتابة بحروف كبيرة والترجمة الشفوية وغيرها من التنسيقات البديلة. للحصول على هذه المساعدة أو للتحدث مع مترجم فوري، يُرجى الاتصال بخدمات الأعضاء على الرقم 1-866-769-3085 (جهاز الاتصالات لضعاف السمع (TDD)/جهاز الاتصالات الكتابي للصم والبكم (TTY)-1-855-742-0123).

Srpski (Serbo-Croatian):
Ako Vi, ili neko kome pomažete, imate pitanja o NH Healthy Families, imate pravo da dobijete pomoć i informacije na svom jeziku besplatno. Ovo uključuje usluge jezičke pomoći, pomoćna sredstva i usluge, veći font, usmenu prevodilačku uslugu i druge alternativne formate. Da biste to dobili ili razgovarali sa tumačem, pozovite Službu za članove na 1-866-769-3085 (TDD/TTY 1-855-742-0123).

Bahasa Indonesia (Indonesian):
Jika Anda atau seseorang yang sedang Anda bantu memiliki pertanyaan-pertanyaan tentang NH Healthy Families, Anda berhak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Hal ini termasuk layanan-layanan bantuan bahasa, alat-alat bantu dan layanan-layanan tambahan, fon yang lebih besar, terjemahan lisan, dan format-format alternatif lainnya. Untuk memperoleh layanan bantuan ini, atau berbicara dengan juru bahasa, silakan hubungi Layanan Anggota di 1-866-769-3085 (TDD/TTY 1-855-742-0123).

한국어 (Korean):
귀하 또는 귀하가 돕고 있는 사람이 NH Healthy Families에 대해 질문이 있는 경우, 귀하는 무료로 자신이 구사하는 언어로 도움과 정보를 받을 권리가 있습니다. 여기에는 언어 지원 서비스, 보조 기기 및 서비스, 큰 활자, 구두 번역, 그리고 기타 대체 형식이 포함됩니다. 이 서비스를 받거나 통역사와 상담하려면 가입자 서비스(Member Services)에 1-866-769-3085 (TDD/TTY 1-855-742-0123)로 전화하세요.

Русский язык (Russian):
Если у Вас или у кого-то, кому Вы помогаете, возникнут вопросы о NH Healthy Families, Вы имеете право получить помощь и информацию на Вашем языке бесплатно. Это включает услуги языковой поддержки, вспомогательные средства и услуги, более крупный шрифт, устный перевод и другие альтернативные форматы. Чтобы получить эти услуги или поговорить с переводчиком, пожалуйста, позвоните в Службу поддержки участников по номеру 1-866-769-3085 (TDD Текстовый телефон/TTY Для лиц с нарушениями слуха 1-855-742-0123).

Kreyòl (French Creole):
Si oumenm oswa yon moun w ap ede gen kesyon sou NH Healthy Families, ou gen dwa pou jwenn èd ak enfòmasyon nan lang manman w san ou pa peye. Sa enkli sèvis asistans nan lang, èd ak sèvis oksilyè, pi gwo ekriti, tradiksyon oral, ak lòt fòma altènatif. Pou jwenn li oswa pou pale ak yon entèprèt, tanpri rele Sèvis Manm nan 1-866-769-3085 (TDD/TTY 1-855-742-0123).

Kinyarwanda (Rwanda):
Iyo wowe cyangwa umuntu uri gufasha afite ikibazo kuri NH Healthy Families, ufite uburenganzira bwo kubona ubufasha n'amakuru mu rurimi rwawe nta kiguzi. Aha harimo serivisi z'ubufasha bw'indimi, serivisi z'itanga ibikoresho n'ubufasha ku bafite ubumuga, inyandiko nini, gusemur aindimi, n'indi miterere. Kugira ngo ubone ibi, cyangwa uvugishe umusemuzi, hamagara Serivisi z'abanyamuryango kuri 1-866-769-3085 (TDD/TTY 1-855-742-0123).

Polski (Polish):
Jeśli Pan/Pani lub osoba, której Pan/Pani pomaga, ma pytania dotyczące programu NH Healthy Families, ma Pan/Pani prawo do uzyskania bezpłatnej pomocy i informacji w swoim języku. Obejmuje to usługi pomocy językowej, pomocnicze pomoce i usługi, większą czcionkę, tłumaczenie ustne i inne alternatywne formaty. Aby skorzystać z tych usług lub porozmawiać z tłumaczem, należy zadzwonić do Działu obsługi klienta pod numer 1-866-769-3085 (TDD/TTY 1-855-742-0123).

Kiswahili (Swahili):
Ikiwa wewe au mtu unayemhudumia ana maswali kuhusu NH Healthy Families, una haki ya kupata msaada na taarifa kwa lugha yako bila malipo. Hii inajumuisha huduma za msaada wa lugha, huduma saidizi, fonti kubwa, tafsiri ya mazungumzo, na miundo mingine mbadala. Ili kupata huduma hizi, au kuongea na mkalimani, tafadhali piga simu Huduma za Wanachama kwa 1-866-769-3085 (TDD/TTY 1-855-742-0123).