Family and Friends Mileage Reimbursement Program
New Driver Registration Form

INSTRUCTIONS

- 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 this form.
- Any forms submitted with missing information or without attachments will be denied.

DRIVER INFORMATION		
First Name	Middle Name	Last Name
Physical Address (Must match address on driver's license. PO Boxes are not accepted)		
Driver's License Number	Expiration Date	Issuing State
Driver's Date of Birth (MM/DD/YYYY)	Relationship to Member ☐ Self ☐ Family ☐ Friend	
MEMBER INFORMATION		
First Name	Middle Name	Last Name
Physical Address (Must match address on file with State of NH - DHHS)		
Member's Date of Birth (MM/DD/YYYY)		
VEHICLE INFORMATION		
Vehicle License Plate Number		Issuing State
DRIVER VERIFICATION		
Driver Signature		Date of Completion

REQUIRED ATTACHMENTS

☐ A copy of your current and valid driver's license (front and back)

MEMBER ATTESTATION

I, the member, hereby understand and agree that: (initial next to each)

___ participation in the Family and Friends Program is both voluntary and a privilege and that failure to comply with any of the rules of the program may result in my immediate termination from this mileage reimbursement program

___ Medicaid fraud is a serious crime and fraudulent submissions for reimbursement under this program can result in criminal penalties up to 7 years in State prison

___If I move I must update and provide proof of my new address to [Medicaid] before I submit my next reimbursement form

___Driver must have a valid driver's license in order to receive reimbursement under this program

___ driving without a license, driving with a suspended license, or driving while designated as a habitual offender are all crimes in New Hampshire and submissions made under this program can and will be used against me in criminal proceedings

___ if the New Hampshire Department of Health and Human Service or its partners has reason to suspect any potential violations of the Family and Friends Program I understand that my driver's history, motor vehicle records, and/or my criminal background may be checked

___ having a criminal history or driving record does not necessarily prevent me from participating in this program

___ my participation in this program will be governed in accordance with the Department of Health and Human Services Administrative Rule He-W 574

MEMBER CERTIFICATION	
Member Signature	Date of Completion

The above signed hereby agrees to all initialed statements above and swears that all information contained in this application and the information in the accompanying documents is true and accurate and that any material falsities contained herein may result in a prosecution for false swearing under RSA 641.

Documentation Required to be Included in this Application

☐ Photocopy of driver's license of driver (s) (front and back)

You can submit completed forms and attachments to MTM by:
Email: nhgmr@mtm-inc.net
Fax: 1-844-239-5971
Mail: MTM Health
Attn: Credentialing
16 Hawk Ridge Circle
Lake St. Louis, MO 63367