



# Quality Care Professionals of Georgia

## Self-Directed Services Mileage Reimbursement

EMAIL: cjohnson@qcpga.com

QCP FAX: 470-777-5767 QCP PHONE: 501-240-3544

☐ Please check if this is a CORRECTED form. Please refer to the Accounts Payable calendar for submittal due dates.

EMPLOYEE NAME (please print):				Month/Year:	
EMPLOYER NAME (please print):				DEPT #:	
Date	Destination	Purpose	Miles	Service	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
BY SIGNING BELOW, I CERTIFY THAT THE SERVICES REFLECTED ARE TRUE AND ACCURATE AND THAT THE SERVICES ARE IN ACCORDANCE WITH MARYLAND DDA STANDARDS. FALSE INFORMATION CONSTITUTES MEDICAID FRAUD.		Total Miles Driven		<b>SERVICE CODES:</b> X/PS = PERSONAL SUPPORTS CL = COMMUNITY LEARN/DEV SE = SUPPORTED EMPLOYMENT TR = TRANSPORTATION	
		Reimbursement Rate			
		Total Reimbursement Amount			
EMPLOYEE SIGNATURE:			DATE:		
EMPLOYER/DESIGNATED REP SIGNATURE:			DATE:		
<b>TOTALS BY SERVICE CODE</b> ** Required to be completed by Employer/DR		Service Code: <input type="text"/> Service Code: <input type="text"/> Service Code: <input type="text"/>	Miles: <input type="text"/> Miles: <input type="text"/> Miles: <input type="text"/>	** NOTE: Please reference your plan/budget/statement to confirm your approved mileage service code(s).	

**PLEASE NOTE THE FOLLOWING PROCESSING CRITERIA FOR MILEAGE REIMBURSEMENT:**

- \* Transportation provided to medical appointments or out of state must be approved in the plan.
  - \* Mileage reimbursement to non-employees (vendors) is by DDA approval only. Vendors must be approved in the plan.
  - \* Reimbursement rates are not to exceed plan approved rates. \* Federal mileage reimbursement rates do not impact plan approved rates.
- Please complete a modification to change mileage rates.