Non-Emergency Medicaid Transportation
339 New Leicester Hwy., Suite 140
Asheville, NC 28806
p: 828.552.5486 | f: 828.552.4234
w: landofsky.org

BENEFICIARY REIMBURSEMENT

NON-EMERGENCY MEDICAID TRANSPORTATION (NEMT)

To be filled in by the NEMT Transportation Resource Center

Recipient Name: ______________________________

Recipient ID #: ______________________ Eligibility Category Code: 250

REIMBURSEMENT AUTHORIZATION

Period of Authorization From: ______________ To: ______________

Reimbursement for travel expenses **Total Travel:** ______________

Reimbursement for mileage at a cost of **$0.2875** per mile **Other Expenses:** ______________

Date: ______________

Worker Initials: ______________________ **Payment:** **$** ______________

To be filled in by RECIPIENT

RECIPIENT

I CERTIFY THAT THIS REIMBURSEMENT REQUEST IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

(PRINT) Name: ______________________

Signature: ______________________ Date: ______________

Address: ______________________________

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FY 2020