



# Mileage Reimbursement Request

## One Day Trip Log Instructions

This Trip Log is to be used for receiving mileage reimbursement to and from (round trip) medical services for one day. A Trip Log must be completed for reimbursement to be processed. It is your responsibility to complete this form correctly. Incomplete forms cannot be processed and will not be accepted. This Trip Log is good for up to five medical service trips in one day and must be returned within 30 days of your trip date.

**Complete all fields in the “Member Information” and “Driver Information” sections of this form. Please print clearly. The payment will be sent to the driver.**

1. Enter the date of your trip, the address where you were picked up, the provider you are going to (name and address), in the fields provided.
2. For more than one stop, such as a trip to the pharmacy after your appointment, or a second appointment before going back home, enter the stops on each trip section as follows:
  - a. 1<sup>st</sup> stop – From address to the name and address of the first medical appointment
  - b. 2<sup>nd</sup> stop – In the “from address” column enter the provider address to the second medical provider or pharmacy address
  - c. 3<sup>rd</sup> stop – second medical provider or pharmacy address and back home
3. All stops require a medical professional’s signature. Any medical professional staff member within the medical office or in the pharmacy can sign the form. This includes nurses, medical assistants, therapists, and pharmacy technicians.
4. The completed Trip Log must be signed by you (the member) or a parent, legal guardian, or representative of the member whose information is on file with KFHC before you send it to KFHC for processing.
5. The driver must sign the form attesting to be a licensed driver with a vehicle registered and insured according to California law.
6. Make a copy of the form for your records.
7. The completed Trip Log may be mailed or faxed up to 30 days from the date of your trip to:

Kern Family Health Care  
Attn: Mileage Reimbursement  
9700 Stockdale Hwy.  
Bakersfield, CA 93311  
Fax Number: (661) 617-2704

A postage paid envelope is available to you upon request. Please allow 30 days for processing.

If you have questions about Mileage Reimbursement, please contact the KFHC Transportation Department at (661) 632-1590 or 1-800-391-2000 and select option #3.



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## One Day Trip Log

Trip Date \_\_\_\_\_

Member Information		
First Name:	Last Name:	Medi-Cal CIN# or KFHC Member ID #:
Address:		Phone:
City:	State:	Zip:
Driver Information		
Driver Name:		
Address (payment will be mailed to this address):		Phone:
City:	State:	Zip:

### Trip Log

From Address	To Name and Address	Provider Signature
		I certify that this patient was seen for a Medi-Cal covered health service. <b>X</b>
		I certify that this patient was seen for a Medi-Cal covered health service. <b>X</b>
		I certify that this patient was seen for a Medi-Cal covered health service. <b>X</b>
		I certify that this patient was seen for a Medi-Cal covered health service. <b>X</b>
		I certify that this patient was seen for a Medi-Cal covered health service. <b>X</b>

#### Verification

I have completed this form and I verify that the information on this trip log is true.	<b>Signature of Member, Parent/Legal Guardian, or Representative:</b> ▶	<b>Date:</b>
I attest that my driver's license, vehicle's registration and insurance are valid and up-to-date according to California law.	<b>Signature of Driver:</b> ▶	<b>Date</b>