



Health

Iowa Department of Health and Human Services

MTM Health

3210 Dyer

El Paso, Texas 79930

MTM Health Iowa Medicaid Meals and Lodging Claim Form

This form must be completed for each trip requiring meal and/or lodging reimbursement. Claim forms with incomplete information will not be reimbursed until all information required is received. Receipts are required for all meals and lodging expenses. Reimbursement amounts are specified in the Iowa Total Care Medicaid Meals and Lodging Reimbursement Policy. Mileage reimbursement will be mailed separately from meals and lodging reimbursement. Mileage is calculated as the shortest distance as calculated by MapQuest.

Member / Trip Information:Medicaid ID: Trip Conf. ID #: Member Name: Payee Name: Payee Address: Payee City: Payee State: Payee Zip: Attendant Name: **Lodging Information:**Start Date: End Date: Lodging Name: Phone: Address: City: State: Zip: Cost per Night: **Medical Provider Information:**Name: Phone: Address: City: State: Zip: **Number of Meals:**

Meal	Count	Cost
Breakfast		
Lunch		
Dinner		

Member Hospitalized? _____**Period of Time?** _____**Member Signature:** _____**Date:** _____

To be completed by Physician/Medical Provider:

By signing below, I verify that the Member's condition and/or treatment requires them (and attendant, if applicable) to incur additional meals and/or overnight lodging expenses.

Physician / Medical Provider Name: _____
(Printed)

Physician / Medical Provider Name: _____ Date: _____
(Signature)

Iowa Medicaid Provider # NPI: _____ Other: _____

I certify that the above named member's medical conditions require an attendant to accompany them during their appointments. _____
(Signature)

Please complete and return to MTM Health, 3210 Dyer, El Paso, Texas 79930 or fax to 1-877-406-0658.
If you have questions call 1-877-271-4819 during normal central standard time (CST) business hours.