

# Mileage Reimbursement Voucher

PATIENT INFO				
First Name		Last Name		
Date of Birth		Medicaid #	Phone #	Trip #
Address		City	State	Zip
DRIVER INFO				
First Name		Last Name		
Driver ID	Relationship to Member	Email	Phone #	
Driver Address		City	State	Zip
APPOINTMENT INFO				
Date	Time	Type		
Location Name	Provider Name		Provider Phone #	
Provider/Dropoff Address		City	State	Zip
Estimated Miles		Reimbursement Amount		

## Instructions

Dear provider, please verify the information on this voucher by filling out the below and faxing the signed voucher to Alivi at **1-855-621-8962**.

PROVIDER VERIFICATION			
Please sign this mileage reimbursement voucher			
Printed Name		Signature	
Phone #	NPI #		

**This form must be faxed from the provider's office on the day of the medical appointment. If you have any questions, please call Alivi at 1-888-863-0248.**

This information is available for free in other formats and languages. Please contact our customer service number at 1-866-796-0530, TTY 1-800-955-8770 Monday through Friday, 8 a.m. to 8 p.m. Sunshine Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Esta información está disponible gratuitamente en otros formatos y lenguajes. Por favor comuníquese con nuestros números de servicio al cliente al 1-866-796-0530, o al Dispositivo de Telecomunicaciones para Sordos (TTY 1-800-955-8770) de lunes a viernes de 8 a.m. a 8 p.m. Sunshine Health cumple con las leyes civiles Federales aplicables y no discrimina con base a la raza, color, nacionalidad, edad, discapacidad o sexo.

Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri kontakte sèvis kliyantèl nou an nan nimewo 1-866-796-0530, TTY 1-800-955-8770 soti lendi pou rive vandredi, depi 8è AM rive 8è PM. Sunshine Health respekte lwa federal sou dwa sivil e li pa diskrimine poutèt ras, koulè po, peyi natif natal, laj, enfimite, oubyen sèks.