

MA#:

MATP Invoice

MATP Mileage Reimbursement Services

Last Name: _____	First Name: _____	Initial: _____
Recipient #: _____	Birthdate: _____	Group #: _____
Address: _____	Apt _____	
City: _____	Zip _____	Phone: _____

Number of Daily Trips: _____ Rate per Mile: _____ Parking: _____ Tolls: _____

Total Daily Mileage: _____ Invoice Amount: _____

"I hereby certify to the best of my knowledge, the medical trip information submitted on this form is true, correct, and complete. I agree to report any changes in circumstances immediately to the MATP Service Provider. I understand documentation of all eligibility factors may be required to determine eligibility correctly or for auditing purposes and giving knowingly false statements is a criminal offense. I understand I have a right to request a Department of Human Services fair hearing if benefits are denied. This affirmation statement covers all attachments required for the determination of eligibility and MA service verification."

Signature of Client: _____ Date: _____

Signature of Transportation Provider: _____ Date: _____

**** THIS PORTION MUST BE COMPLETED BY THE MEDICAL SERVICE PROVIDER****

"Medical Service Providers - Your signature verifies that the patient shown on the front of this form received an MA eligible medical service(s) in your facility on the date(s) listed. You must sign to verify each appointment if multiple appointments are listed."

If you have any questions relating to this program, please contact the BCTA Office.
The address is 131 Pleasant Drive, Suite 7, Aliquippa 15001. Telephone: (724) 375-2895 or 1-800-262-0343.

Signature of Medical Service Provider: _____

Date and Appt Time Client Received Services: _____

Address and Phone of Facility: _____

MATP Office Use Only:

- Yes / No – Consumer eligible on trip date
Eligibility verified by: _____ Date: _____
- Yes / No – Mileage Verified
- Yes / No – Attendance verified through MATP Grantee contact with provider
Attendance verified by: _____ Date: _____

Reimbursement calculation including: Total miles, Mileage payment calculation, Toll payment, Parking payment, Total payment due from this request