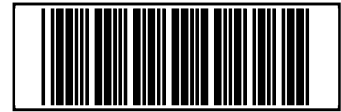




Nevada Mileage Reimbursement



For the week of service, mileage forms are due the following Monday by Midnight if faxed or dropped off, and postmarked by Monday if mailed. Mileage forms are due every week. Due to the timing of the payroll cycle, late mileage forms will result in late pay. Mileage forms must be signed AFTER all work is completed. Advance mileage forms will not be accepted.

Employee Name (Please Print) <input type="text"/>	Employee ID <input type="text"/>	For best results: * Use BLACK ink * Print clearly inside the boxes * Fill out the Mileage Reimbursement completely and accurately
Consumer Name (Please Print) <input type="text"/>	Consumer ID <input type="text"/>	

Service Date (MM/DD)	Mileage - Rounded to nearest mile	Service Code
1 <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
2 <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
3 <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
4 <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
5 <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
6 <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
7 <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
8 <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
9 <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
10 <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
11 <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
12 <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

Was the Consumer in a hospital, emergency room, urgent care, nursing home, or any other institution or facility at **any time** during this week? YES (Please call office to explain) No.

Comments: Any variance(s) from the Consumer's care plan must be noted here.

I, the Employee, certify that I have provided the services indicated above and that the Participant was not in a hospital, nursing home, or institution. False information or misrepresentation constitutes Medicaid Fraud.
Employee Signature: _____ **Date:** / /

I, the Consumer or Representative, certify that the above Employee provided the services listed for this Consumer, the services were provided in accordance with the care plan, and the Consumer was NOT in a hospital, nursing home, or institution. Falsification of this time sheet is considered Medicaid Fraud and may result in dismissal from the program and/or criminal prosecution.
Consumer/Representative Signature: _____ **Date:** / /

Mail: 1005 Terminal Way, Suite 125 Reno, NV 89502-2179

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Mileage Reimbursement Instructions

These items must be completed for your mileage form to be processed:

- **Employee Name**
- **Employee ID**
- **Consumer Name**
- **Consumer ID**
- **Consumer Signature & Date**
 - Must be dated on or after the last day worked.
- **Employee Signature & Date**
 - Must be dated on or after the last day worked.

Each line of time must include:

- Service Date (MM/DD/YYYY format)
- Mileage rounded to nearest mile
- Service Code

Make sure your mileage form is filled out completely and correctly, with all entries made neatly inside the boxes. Payment may be delayed if letters or numbers are not printed neatly inside the boxes **WITHOUT** touching any lines, or are not readable.

Please continue on a second mileage form if you run out of room on the first. Bold items on the list to the left must also be filled in on the second form.

For best results use **BLACK** ink

Back page is for information only. Please do not submit it with your mileage form.

