fello. SELF-DIRECTED SERVICES

Mileage Reimbursement Form

Direct: 1.866.252.6871 | Fax: 1.888.272.2236
Mileage Reimbursement Request Submittal: SDSMileage@fello.org
Open a Customer Service Ticket: https://felloselfdirection.zendesk.com

☐ Please check if this is a CORRECTED form. Please refer to the Accounts Payable calendar for submittal due dates.

EMPLOYEE NAME (please print): ☐ Please check if the employee is a NEW HIRE	Month/Year:
EMPLOYER NAME (please print):	DEPT #:

Date	Destination	Purpose	Miles	Service Code**
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

BY SIGNING BELOW, I CERTIFY THAT THE SERVICES REFLECTED ARE TRUE AND ACCURATE AND THAT THE SERVICES ARE IN ACCORDANCE WITH MARYLAND DDA STANDARDS. FALSE INFORMATION CONSTITUTES MEDICAID FRAUD.

Total Miles Driven	
Reimbursement Rate	
Total Reimbursement Amount	

****SERVICE CODES:**

X = PERSONAL SUPPORTS
CD = COMMUNITY DEV.
OJS = ONGOING JOB SUPTS
RS = RESPITE
TR = TRANSPORTATION

EMPLOYEE SIGNATURE:	**DATE:**
EMPLOYER/AUTHORIZED REP. SIGNATURE:	**DATE:**

TOTALS BY SERVICE CODE ** Required to be completed by Employer/Rep	Service Code:		Miles:	
	Service Code:		Miles:	
	Service Code:		Miles:	

**** NOTE: Please reference your plan/ budget/statement to confirm your approved mileage service code(s).**

PLEASE NOTE THE FOLLOWING PROCESSING CRITERIA FOR MILEAGE REIMBURSEMENT:

*** Reimbursement rates are not to exceed plan approved rates.**

*** Federal mileage reimbursement rates do not impact plan approved rates. Please complete a modification to change mileage rates.**

*** Transportation provided to medical appointments or out of state must be approved by the Maryland Developmental Disabilities Administration (DDA).**