

Mileage Memo

Welcome to the LKiChoice Fiscal Agent Program. LKiChoice has a referral that you will be providing transportation services to a Member. LKiChoice will need the following information to confirm a valid driver's license and proof of insurance at the time of the referral for the mileage reimbursement to you.

Providing Services For: _____

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Social Security #: _____

Driver License # _____

Vehicle Insurance Carrier: _____

Vehicle Insurance Policy # _____

Date of expiration of vehicle insurance _____

My signature below verifies that my information above is accurate, and I am the owner of the vehicle.

Signature: _____

Date: _____



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