Financial Services Agency - Mileage Log

Period: From ________________ To _____________________

Print Member Name: ____

Print Employee (driver) Name: _______________________________________

Employee Phone #: ____

Mileage reimbursements may only be paid up to the authorized amount.

Date	To	From	Purpose/Description	Medical or Non-Medical	Total Miles/Trip
			Total Miles/Trip:		

Member/POA/Guardian Signature: ________________________________	**Date signed:** ______/______/_______	"I, the Member or Managing Party, certify that the above Employee drove the miles listed for this Member, the services were provided in accordance with the care plan, and the Member was NOT in a hospital, nursing home, or institution. Falsification of this timesheet is considered Medicaid Fraud and may result in dismissal from the program and/or criminal prosecution."
Employee Signature: ________________________________ **Contact Phone Number:** ________________________________	**Date signed:** ______/______/_______	"I, the Employee of this Member, certify that the miles drove and listed for this Member, were provided in accordance with the care plan, and the Member was NOT in a hospital, nursing home, or institution. Falsification of this timesheet is considered Medicaid Fraud and may result in dismissal from employment and/or criminal prosecution."

Please check your Funding Source:

❑ **MyChoice/Care (MCW)** ❑ **Independent Care - iCare** ❑ **Inclusa** ❑ **Lakeland Care Inc**

❑ **Menominee ITOW** ❑ **CLTS County:** ______________________ ❑ **Other:** ______________________

*It is your responsibility to verify that your completed and accurate time report has been received by LKiChoice once you submit via mail, fax, or email. Please call us at **1-844-534-7225** to verify your timesheet(s) has been received.*

Submit Mileage Log to: LKiChoice @ 106 S Beaumont Rd Prairie du Chien, WI 53821 Fax: 844-634-7225

Payroll email: payroll@lkichoice.com For questions please call 844-534-7225 Website: www.lkichoice.com

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