

**Food and Lodging Reimbursement
Cover Sheet**

(The Cover Sheet must be filled out completely and legibly or the request cannot be processed)

Patient Name:	DOB:
Medicaid ID Number:	Medicaid Health Plan:
Patient Diagnosis:	
Does the Patient Need to be Accompanied During Travel? <i>(Check One)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, Explain why Accompaniment is Required:	
Briefly Describe Current Medical Needs and Condition:	
Name of Person Accompanying Patient:	
Patient /Authorized Representative Name and Phone Number:	
Name of Medical Facility and or Provider where Patient will Receive Services:	
Medical Facility Address:	
Medical Facility Contact Name:	Contact Phone:
Contact E-Mail Address:	Contact Fax Number:
Treating Physician Name:	Phone:
In Order to Process this Food and Lodging Reimbursement Request, the Following Items MUST be Provided Along with the Cover Sheet	
<ul style="list-style-type: none">• Letter of Medical Necessity and Supporting Medical Records• Letter of Acceptance from the Medical Facility that will be Accepting the Patient• Letter of Acceptance from Physician who will be treating the Patient <i>(Letter must include physician contact information: phone, fax, pager, etc.)</i>• Treatment Proposal• Confirmation that the Medical Facility and Physician are Utah Medicaid Providers or Willing to Become Enrolled Providers<ul style="list-style-type: none">○ If the provider is not a current Utah Medicaid Provider, upon approval of the transportation request, payment rates for services will need to be negotiated with the Utah Medicaid Reimbursement Staff.	
Fax This Cover Sheet and the Required Accompanying Documentation to 801-538-6952: Attention: Food and Lodging Reimbursement Requests Inquiries About Food and Lodging Reimbursement Requests may be Made by Calling: 801-538-6418	

For Medicaid Use Only:

Travel Request Determination: **Approved** **Denied**

Name of Reviewer: _____

Signature of Reviewer: _____

If the travel request is approved, fax the completed Cover Sheet to the Bureau of Eligibility Policy at: 801-538-6952.

Prior to arranging Food and Lodging Reimbursement, the Bureau of Eligibility Policy will confirm that the following criteria have been met:

(All Items must be Checked in Order to Be Eligible):

- Patient is Eligible for Traditional Medicaid
(Primary Care Network and Non-Traditional Medicaid recipients are not eligible for this benefit)**
- Patient is NOT receiving inpatient services**
- The need for food and lodging must be for a time period greater than 2 consecutive nights**
- The service being provided must be a Medicaid covered service**
- The service must be obtained at the closest facility that can possibly provide the needed service**