

Physician Attestation/Mileage Reimbursement Form

Invoice #:	S0215
Date:	___/___/___
CM:	



(2) Medicaid Recipient:

Medicaid (CIN) #:	
Name:	
Address:	
City, State, Zip:	
Phone #:	

(3) Claimant Name (Only if other than recipient):

Name:	
Address:	
City, State, Zip:	
Phone #:	
Relationship:	
Role:	

(4) Provider Attestation:

Date and Time:	Provider Name:	Provider Address:	Provider Signature:*
Appointment Date: ___/___/___			
Appointment Time: __:__ AM / PM		Provider Phone Number:	

*In signing this claim, physician certifies that patient was treated at the office location listed above on this date.

Other Travel Expenses (tolls or parking) Must have original receipts

Tolls	
Parking	
Other	
Total	

Please mail completed form to:

**Nascentia Health Options
Attn: Accounts Payable
1050 West Genesee Street
Syracuse, NY 13204
315-477-9501**

Recipient/Claimant Attestation:

As claimant for personal mileage reimbursement, I certify that I provided transportation for the above listed appointment on the date indicated. I am claiming reimbursement for such travel.

Recipient Signature: _____ Claimant Signature: _____ Date: ___/___/___

Must be submitted within 45 days of the appointment.

Office Use Only:

Received	Reviewed By	Total Mileage	Amount Due	Check #	Check Date
___/___/___					___/___/___

Reimbursement Rates

The Internal Revenue Service (IRS) issued the 2022 optional standard mileage rates used to calculate the deductible costs of operating an automobile for business, charitable, medical, or moving purposes.

Standard Mileage Rates for 2023

- 65.5 cents per mile for business purposes
- 22 cents per mile for medical and moving purposes
- 14 cents per mile for charitable purposes

Mileage reimbursement is calculated using the shortest route on the Mapquest website. Receipts must be submitted for tolls and parking fees in order to be reimbursed.