



## Mileage Reimbursement Voucher

Disclaimer: Trips must be scheduled prior to the appointment (one per appointment is allowed). Member must not have another means of transportation to qualify. Members, spouses, or parents/guardians cannot get gas mileage reimbursement.

PATIENT INFO								
First Name			Last Name	Last Name				
Date of Birth	Health Plan	ı ID#	Phone #		Trip ID #			
Address			City		State		Zip	
DRIVER INFO								
First Name			Last Name		Date of Birth			
Driver License #	e # Relationship to Member			Email Pho			hone #	
Driver Address			City	City		State	Zip	
APPOINTMENT INFO								
Date	te Time		Туре	Type Es:		stimated Miles		
Location Name Medical Provider Name			Me		1edical Provider Phone			
Medical Provider/Dropoff Address			City	City		State	Zip	
MEDICAL PROVIDER VERIFICATION  Dear provider, verify the information on this voucher by filling out the below and faxing the signed document to Alivi at 855-621-8962 or email memberservices@alivi.com.								
Printed Name				Signature				
Phone #		NPI#						

This form must be faxed or emailed from the provider's office within 5 days. If you have any questions, please contact Alivi. (See Mileage Reimbursement Guidelines document for phone number.)



This information is available for free in other formats and languages. Please contact Member Services at 1-866-796-0530 (TTY 1-800-955-8770) Monday through Friday, 8 a.m. to 8 p.m.

Sunshine Health complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, age, disability, sex, pregnancy or sexual orientation. Sunshine Health provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats. We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact us at the number above. If you believe that Sunshine Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, pregnancy or sexual orientation, you can file a grievance with: 1557 Coordinator, P.O. Box 31384, Tampa, FL 33631, Phone: 1-833-236-9680 (TTY 711), Fax: 1-866-388-1769, Email: SM Section1557Coord@centene.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-

at <a href="https://www.hhs.gov/ocr/complaints/index.html">https://www.hhs.gov/ocr/complaints/index.html</a>. This notice is available at Sunshine Health's website: SunshineHealth.com/non-discrimination.

368-1019, 800-537-7697 (TTY). Complaint forms are available

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con nuestro número de servicio al cliente al 1-866-796-0530, TTY 1-800-955-8770 de lunes a viernes, de 8 a.m. a 8 p.m.

Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Sunshine Health, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-866-796-0530 (TTY 1-800-955-8770).

Ces informations sont disponibles gratuitement dans d'autres langues. Veuillez contacter les services aux membres au 1-866-796-0530, TTY 1-800-955-8770 du lundi au vendredi, de 8 heures à 20 heures.

Queste informazioni sono disponibili gratuitamente in altre lingue. Contattare il Servizio Membri al 1-866-796-0530, TTY 1-800-955-8770 dal lunedì al venerdì, dalle 8:00 alle 20:00

Эту информацию можно бесплатно получить на других языках. Обращайтесь в Отдел обслуживания по телефону 1-866-796-0530, телефону с текстовым дисплеем 1-800-955-8770 с понедельника по пятницу с 8:00 до 20:00.