

**STATE OF KANSAS
KANSAS HEALTH POLICY AUTHORITY
& MEDICAL TRANSPORTATION MANAGEMENT**

TRANSPORTATION SPENDDOWN FORM

Member First and Last Name: _____

Member Home Address: _____

Date of Birth: _____ Medicaid Number: _____

Type of Doctor/Reason for Appt: _____

Appointment Date: _____ Appointment Time: _____ Round Trip? YES NO

Address you started at: _____

Destination-Name of Doctor /Clinic/Facility: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number for Doctor/Clinic/Facility: _____

Medical Provider's Signature: _____ Date: _____

Name and Telephone Number of Transportation Company: _____

Driver's Signature: _____

Member's Signature: _____

Return completed form immediately to:

MTM, Inc

Care Management Department

16 Hawk Ridge Drive

Lake St Louis, Mo 63367

MTM WILL RETURN ALL INCOMPLETE FORMS

REMEMBER TO INCLUDE ALL RECIEPTS FROM TRANSPORTATION PROVIDERS

These expenses cannot be added to a spenddown that has already been met or a previous spenddown base period.

Service code type: HCPCS

Service codes: A0090 (mileage – 55 ¢ per mile)

A0200 (lodging with receipts)

A0210 (meals with receipts-overnight only)

T2003- (flat rate commercial travel)