Alaska
Mileage Reimbursement

CONSUMER DIRECT CARE NETWORK

Mileage reimbursement is only available for day habilitation services. For the week of service, mileage forms are due the following Monday by midnight if faxed or dropped off, or postmarked by Monday if mailed. Due to the timing of the payroll cycle, late mileage forms will result in late pay. Mileage forms must be signed AFTER all work is completed. Advance mileage forms will not be accepted.

Sunday that started your work week

MM / DD / YY

Service Code: MILES

Employee Name (Please Print)	Employee ID	Client Name (Please Print)	Client ID

All travel must be captured per day, including start location(s) and stop location(s) for each segment traveled.
Entries must be detailed enough to allow CDCN to recreate travel routes and to verify the accuracy of mileage claimed.

If the space below does not allow you to capture all of your travel, you may combine mileage as needed and note clearly.

Service Date (MM/DD)	Miles: Daily Total	Start Location / Street or Community	Stop Location / Street or Community	Miles
1 /		/	/	
		/	/	
		/	/	
		/	/	
2 /		/	/	
		/	/	
		/	/	
		/	/	
3 /		/	/	
		/	/	
		/	/	
		/	/	
4 /		/	/	
		/	/	
		/	/	
		/	/	

I certify that the transportation recorded on this mileage log was provided to the client by the employee; that the transportation was provided solely for the purposes of delivering day habilitation services; and that original entries for each recorded transport were completed within 14 days of the date on which each transport ended. I understand that submitting false or misleading service documentation is considered Medicaid fraud and may result in dismissal, criminal prosecution, and/or other penalties.

Employee Signature

Date (MM/DD/YY)

_____

Client/Representative Signature

Date (MM/DD/YY)

_____

TIMESHEET SUBMISSIONS
Fax: 1-800-349-0704 or Email:
CDAKTS@consumerdirectcare.com

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Mileage Reimbursement Instructions

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Make sure your form is filled out completely and correctly. All entries must be printed neatly inside the boxes, without touching any border (see examples below). If letters or numbers are not within the boxes, or are not readable, payment may be delayed.

All travel must be captured per day, including start location(s) and stop location(s) for each segment traveled. Entries must be detailed enough to allow CDCN to recreate travel routes and to verify the accuracy of mileage claimed. If the space provided does not allow you to capture all of your travel, you may combine mileage as needed and note clearly within the specific service date entry field.

All travel must be captured per day, including start location(s) and stop location(s) for each segment traveled.
Entries must be detailed enough to allow CDCN to recreate travel routes and to verify the accuracy of mileage claimed.

If the space below does not allow you to capture all of your travel, you may combine mileage as needed and note clearly.

Service Date (MM/DD)	Miles: Daily Total	Start Location / Street or Community	Stop Location / Street or Community	Miles
1. 10/05	054	Client Home /Honey Bear lane	AK Club /Northern Lights	15
		AK Club /Northern Lights	McDonalds /Northern Lights	1
		McDonalds /Northern Lights	Valley Moon Park /W 17th Ave	22
		Valley Moon Park /W 17th Ave	Client Home /Honey Bear lane	16
2. 10/06	30	Client Home /Honey Bear lane	AK Club /Northern Lights	15
		AK Club /Northern Lights	Client Home /Honey Bear lane	15
		/	/	
		/	/	
3. 10/07	116	Client Home /Honey Bear lane	Senior Center /Wasilla	58
		Senior Center /Wasilla	Client Home /Honey Bear lane	58
		/	/	
		/	/	