Lori Knapp CHOICE™
Part of the AssuranceSD Family

MILEAGE LOG

Vendor or Vendor Representative (Driver): _____ Participant Driving For: _____

Pay Period Beginning (MM/DD/YYYY): _____ Pay Period Ending (MM/DD/YYYY): _____

ATTENTION: Mileage logs received after the payroll schedule due date will be paid with the following payroll. NO EXCEPTIONS. Lori Knapp Choice™ is not responsible for reimbursement that exceeds the authorization. Falsification of this mileage log is considered Medicaid fraud and may result in dismissal from the program and/or criminal prosecution.

REMINDER: To be eligible for mileage reimbursement, you must be the owner of the insured vehicle.

Date (MM/DD)	To	From	Medical OR Non-Medical	Total Miles/Trip

Page: _____ of _____ Total miles/trips for this page: 0

PARTICIPANT

"I, the Participant, certify that the above Vendor or Vendor Representative drove the hours listed, the services were provided in accordance with the care plan, and the Participant was NOT in a hospital, nursing home, or institution.

Signature _____ Date _____

VENDOR OR VENDOR REPRESENTATIVE

"I, the Vendor or Vendor Representative of this Participant, certify that the miles/trips driven and listed were provided in accordance with the care plan, and the Participant was NOT in a hospital, nursing home, or institution.

Signature _____ Date _____

Email _____ Phone _____

PLEASE CHOOSE YOUR FUNDING SOURCE: [SELECT ONE]

Submit Mileage Log to Lori Knapp Choice™

It is your responsibility to verify that your completed and accurate mileage log has been received by Lori Knapp Choice™ once submitted via mail, fax, or email. Please allow 48 hours before verification contact.

Mail
106 S Beaumont Rd
Prairie du Chien, WI 53821

Email
payroll@LoriKnappChoice.com

Fax
844.634.7225

OFFICE USE ONLY