



Iowa Department of Health and Human Services
 Access2Care LLC
 525 SW 5th Street, Suite E
 Des Moines, IA 50309-4501

Iowa Total Care Medicaid Meals and Lodging Claim Form

This form must be completed for each trip requiring meal and/or lodging reimbursement. Claim forms with incomplete information will not be reimbursed until all information that is required is received. Receipts are required for all meals and lodging expenses. Reimbursement amounts are specified in the Iowa Total Care Medicaid Meals and Lodging Reimbursement Policy. Mileage reimbursement will be mailed separately from meals and lodging reimbursement. Mileage is calculated as the shortest distance as calculated by MapQuest.

Member / Trip Information:

Lodging Information:

Medicaid ID:

Start Date:

Trip Conf. ID #:

End Date:

Member Name:

Lodging Name:

Payee Name:

Phone:

Payee Address:

Address:

Payee City:

City:

Payee State:

State:

Payee Zip:

Zip:

Attendant Name:

Cost per Night:

Medical Provider Information:

Number of Meals:

Name:

Phone:

Address:

City:

State:

Zip:

Meal	Count	Cost
Breakfast		
Lunch		
Dinner		

Member Hospitalized? _____

Period of Time? _____

Member Signature: _____ Date: _____

To be completed by Physician/Medical Provider:

By signing below, I verify that the Member's condition and/or treatment requires them (and attendant, if applicable) to incur additional meals and/or overnight lodging expenses.

Physician / Medical Provider Name: _____
(Printed)

Physician / Medical Provider Name: _____ Date: _____
(Signature)

Iowa Medicaid Provider # NPI: _____ Other: _____

I certify that the above named member's medical conditions require an attendant to accompany them during their appointments.

(Signature)

Please complete and return to Access2Care, 525 SW 5th Street, Suite E., Des Moines, IA 50309-4501 or Fax to: 1-866-584-7601. If you have questions call 1-844-521-9948 during normal business hours.