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|  | **MISSOURI DEPARTMENT OF SOCIAL SERVICES****FAMILY SUPPORT DIVISION****MO HealthNet Spend Down Transportation Expense Log** |
| **Participant Instructions:** If you wish to claim transportation costs toward your spend down, please complete and return this form to a Family Support Division office. You will need to attach a receipt or bill for the service you received, such as receipt for the prescription you picked up or the doctor appointment you kept.\* |
| **Participant Name (Please Print):** |  | **MO HealthNet Number:** |  |  |
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| **Date of Service** | **Medical provider name, address and type of service \*** | **Round trip distance** | **Who provided the transportation? Phone number** | **Signature of person providing transportation** | **Total Amount of Charge\*\*** |
| **EX. 11/30/12** | **Dr. Smith, 201 Main St, Anytown MO – oncology** | **20 miles** | **John Doe****573-222-3333** | **John Doe** | **$10.00** |
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| \* Attachments verifying the information above must match the dates of services listed.\*\* The amount you paid will not be allowed if it exceeds the state mileage rate. If this occurs, the state rate will be applied. |
| **PLEASE COMPLETE AND SIGN ATTESTING TO THE ACCURACY OF INFORMATION PROVIDED:** |
| Name of Person Completing Form (Please print): |  | Phone: |  |  |
| Address: |  |  |
| Signature of person completing form (required): |  |  |
|  |  |
| MO 886- (6-13) |  |