

Child Development Services, Attn: Parent/Caregiver Mileage Reimbursement, 146 State House Station, Augusta, ME 04333 Telephone (207) 624-6660 Fax (207) 624-6837 TTY-1- 888-577-6690

## Parent/Guardian (Designee) Travel Reimbursement Form

Is Child covered by Maine Care? Yes No I No I If yes, is CDS authorized to bill Maine Care? Yes No

Is Child covered by private insurance? Yes No I If yes, is CDS authorized to bill private insurance? Yes No I

*Child's Name:		*Birthdate:		
*Date:	*Street Address traveled	*Therapist/ Program	*Street Address traveled to:	*Roundtrip
	from: (If different from home)	Name	(Therapist's Address)	Miles:
*Parent's Name:		Phone:		
*Address:				
	X.55 per mile =	+	=	

(Total Miles)

(\*\*Tolls) (Total Reimbursement) \*REQUIRED INFORMATION NEEDED TO BE PROCESSED \*\*MUST HAVE RECEIPTS TO BE REIMBURSED FOR TOLLS Parent/Caregiver (or Designee) Travel Reimbursement (ver. 01/2019)