



Dear member:

Thank you for your interest in the Gas Mileage Reimbursement (GMR) Program. A GMR driver can be paid back for driving you to your health care appointments. This packet has the information the driver must give to SafeRide Health. Please see the Sign-Up Checklist for a list of items the driver must provide.

A GMR driver can be either:

- **Yourself or a family member (self):** If you are a Medicaid/Medicare member, you can drive yourself to a health care appointment. A family member can also take you to your appointment.
- **Someone else (other):** You can also be driven by someone who isn't a family member.

The driver must pick "Self" or "Other" on the GMR Driver Information Page.

The required information must only apply to the person who will be driving.

All required items should be sent via mail, email or fax to:

Mailing address: 18302 Talavera Ridge, Suite 300 San Antonio,
TX 78257

Email address: molinamichigan_driver@saferidehealth.com

Fax: 888-432-0026

Please remember to call SafeRide Health at (888) 616-4842 to book trips in our system. You need to do this before your driver takes you to any appointments. You can get claim forms by mailing, emailing, or faxing SafeRide Health. The form can also be found at <https://www.saferidehealth.com/molina-mi>. Your driver should use this form to ask for payment. Please make copies of this form for future trips.

If you have any questions about this process, please call (888) 616-4842.

Sincerely,

SafeRide Health



Gas Mileage Reimbursement (GMR) Driver Registration Checklist

Use this checklist to make sure you complete and submit ALL these items to sign up to be a GMR driver. **No trips can be approved until all these forms have been received and approved.** For help filling them out, call SafeRide Health at (888) 616-4842.

- ☐ A copy of this completed GMR driver checklist (page 1)
- ☐ A copy of your completed GMR driver information page (page 2)
- ☐ A copy of your completed GMR Member information page (page 3)
- ☐ The signed Terms & Conditions page (page 4)
- ☐ A copy of your current and valid Driver's License

Please choose how you would like to be reimbursed: (required)

- ☐ Electronic Payment (valid email address required processed via PayQuicker)
- ☐ Paper Check

For Electronic payment, be sure to include a valid email.

All forms must be sent to SafeRide Health by mail, email, or fax below:

Mailing address: 18302 Talavera Ridge, Suite 300,
San Antonio, TX 78257

Email address: molinamichigan_driver@saferidehealth.com

Fax: 888-432-0026

Online: <https://www.saferidehealth.com/molina-mi>

Note: Please keep a copy for your records.

GMR Driver Information Page

Use this form to sign up as a GMR driver. You must fill out this entire form and sign it. Please use blue or black ink. Copies or stamped signatures can't be accepted.

Status:		Telephone Number: <i>(if we need to contact you)</i>	
☐ Self ☐ Other		()	
<i>Must match Driver's License</i> Last Name:		First Name:	Middle Initial:
		Date of Birth:	
Driver's License Number: (Please attach a copy of driver's license)		License Issue Date: <i>MM/DD/YYYY</i>	License Expiration Date: <i>MM/DD/YYYY</i>
Home Address: <i>This is where you live. You must give a street address. PO boxes will not be accepted. Number, Street, City, State, and Zip Code.</i>			
Mailing address: <i>If same as above, leave blank. Number, Street, City, State, and Zip Code.</i>		Email Address:	

GMR Member Information Page

Member's Health Plan Information

Member's Name: <i>(The person you will be driving)</i>	Medicaid ID#:
Member Birthdate:	Relationship to member:
	☐ Family Member/Foster ☐ Non-Family Member ☐ Self



Terms and Condition of Participation

1. The application must be approved before a GMR driver gives the member a ride. Each ride must be approved by SafeRide Health. The member should call (888) 616-4842 for approval before the trip. The GMR driver cannot be paid if the ride is not approved beforehand.
2. The driver must have a valid driver's license on file.
3. Driver is not excluded from participating in any federal health care program and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services.
4. Driver has no state drug and or alcohol violations or currently under the influence of drugs and or alcohol.
5. Driver no more than two moving violations in the past two years, and/or operating while intoxicated (OWI) or Driving under the influence (DUI) conviction(s)
6. SafeRide Health sets mileage payments based on the shortest distance of the trip. This rate is based on the mileage rate when the ride happens. It is not based on the number of members who are given a ride.
7. The member and their care provider must sign the GMR Service Record (Claim Form). The Claim Form must be complete with all required information.
8. Each claim must be turned in within 365 days from the trip.

I confirm that I have read the terms and conditions to participate as a Gas Mileage Reimbursement program driver. I swear that the information provided in this application is true and correct. I understand that I must comply with the terms and conditions stated here. I understand I must keep documents to support mileage reimbursement claims. I also understand that Molina Healthcare of Michigan or SafeRide Health can request and validate documents to support mileage reimbursement claims.

Signature of GMR Driver

Date