

## Sunflower 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 required information is received. Receipts are required for all meals and lodging expenses. Lodging information is only required when Member chooses to make their own lodging arrangements. Reimbursement amounts are specified in the KanCare Medicaid Meals and Lodging Reimbursement Policy.

Please submit claim form within 60 days from date of service.

### Member/Trip Information

Medicaid ID #: \_\_\_\_\_  
 Member Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State, Zip: \_\_\_\_\_  
 Attendant Name: \_\_\_\_\_  
 Email: \_\_\_\_\_

(An email is required in order to receive payment through Interchecks.com)

### Medical Provider Information

Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State, Zip: \_\_\_\_\_

### Lodging Information

Lodging Ride ID #: \_\_\_\_\_  
 Start & End Date: \_\_\_\_\_  
 Lodging Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State, Zip: \_\_\_\_\_  
 Cost per night: \_\_\_\_\_

### Meal Information

Meal Ride ID #: \_\_\_\_\_

	Count	Cost
Breakfast:		
Lunch:		
Dinner:		

Member Hospitalized?

Yes ☐

No ☐

Period of Time? \_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Medical Provider or their staff:

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: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Print) (Signature)

Sunflower 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: [sunflower\\_travel@saferidehealth.com](mailto:sunflower_travel@saferidehealth.com).

If you have questions, call (833) 944-0517 during normal business hours.