SafeRide Health

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. These items must be approved by the state before the driver can take any trips.

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, but they must pass a Criminal History check.

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: uhc_driver@saferidehealth.com

Fax: 888-432-0026

Please remember to call SafeRide Health at 888-462-6051 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/member-health-plan/unitedhealthcare-washington-dc. 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 888-462-6051. Sincerely,

SafeRide Health

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 888-462-6051.

- ☐ 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
- ☐ A copy of your current and valid car insurance card. (The driver must be listed as a covered driver on the insurance.)
- ☐ A copy of car registration

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

- ☐ Electronic Payment (valid email address required)
- ☐ 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:	uhc_driver@saferidehealth.com
Fax:	888-432-0026

Note: Please keep a copy for your records.

SafeRide Health

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

Car and Insurance Information

Car ID Number (VIN): *Please provide the VIN of the driver's vehicle*	**License Plate:**	
Car Insurance Policy Company: *Please attach a copy of insurance card. The vehicle used to drive the member must be listed on the insurance policy.*	**Policy Issue Date:** *MM/DD/YYYY*	**Policy Expiration Date:** *MM/DD/YYYY*

SafeRide Health

GMR Member Information Page

Member's Health Plan Information

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

SafeRide Health

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 888-462-6051 for approval before the trip. The GMR driver can not be paid if the ride is not approved beforehand.
2. The driver must have a valid driver's license on file. They must also provide proof of car insurance and registration to SafeRide.
3. 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.
4. The member and their care provider must sign the GMR Service Record (Claim Form). The Claim Form must be complete with all required information.
5. Each claim must be turned in within 90 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 UnitedHealthcare or SafeRide Health can request and validate documents to support mileage reimbursement claims.

_____ _____

Signature of GMR Driver Date