



Nevada Medicaid Meal Reimbursement Form

Instructions:

- Form must be filled out for each trip requiring meals.
- Form must be submitted to MTM within 60 calendar days after the out-of-area trip.
- Forms with incomplete information will not be paid until all required information is received.
- Meal reimbursement is paid in accordance with General Services Administration (GSA) rates based on location of the medical appointment.
- Funds will be loaded to the recipient's U.S. Bank Card.
- Please allow up to 14 business days for your claim to be processed and paid.

Complete and return to MTM:

Mail:

MTM, Attention Meal Logs
16 Hawk Ridge Circle
Lake St Louis, MO 63367

Fax: 844-299-6329

Email: meallogs@mtm-inc.net

Questions? Call 844-879-7341 during
normal business hours.

Recipient/Trip Information

Recipient Name: _____

Medicaid ID#: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Attendant Name: _____

Medical Provider Information

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Meal Reimbursement Information

Meal Trip Number: _____

	Number of Days	Daily Rate	Recipient Signature
Breakfast			Signature: _____ Date: _____
Lunch			
Dinner			

To be completed by medical provider or their staff:

By signing below, I verify that the recipient's condition and/or treatment requires an overnight stay, and an attendant if applicable. If a member is hospitalized, they are no longer in travel status. This means meals would not be provided for the attendant.

Was the recipient hospitalized? ☐ Yes ☐ No Length of Hospitalization: _____

Physician/Medical Provider Name: _____

Nevada Medicaid Provider # NPI: _____

Signature: _____ Date: _____