BlueCross BlueShield of New Mexico

EXPENSE REPORT

modivcare FORMERLY LOGISTICARE

Send completed form to:
ModivCare - Travel Dept
2602 S. 47th Street, Suite 100
Phoenix, AZ 85034

Reimbursement Check Should be Made Payable to:

NAME:_____

RELATIONSHIP TO MEMBER IF NOT SELF: _____

MAILING ADDRESS:_____

_____

CITY/STATE/ZIP:_____

Medicaid Member Information:

MEMBER NAME: _____

BLUE CROSS COMMUNITY CENTENNIAL[SM] ID #:_____

NAME OF ESCORT (IF PRIOR APPROVED):_____

MODIVCARE AUTHORIZATION/TRIP #:_____

Receipts for ALL meals or lodging must be sent with this Expense Report. Please put an X in the appropriate areas and the totals.

IMPORTANT: Meals and lodging must be prior approved. Form must be filled out completely in order to receive reimbursement. All receipts must be received no later than 30 days after the last appointment. Receipts received after the 30-day period will not be processed. You must provide original receipts and keep a copy for yourself. No reimbursement will be made for copies or lost or misplaced receipts. Maximum daily amount for meals is $18.00. If prior approved, lodging may be reimbursed.

Date:							
	SUN	**MON**	**TUES**	**WED**	**THURS**	**FRI**	**SAT**
Breakfast							
Lunch							
Dinner							
Meals Total:							
Lodging							
Grand Total:							

Prepared by:_____

Approved by:_____

Total Amount: $

ModivCare is an independent company providing transportation services to BCBSNM through a contractual arrangement between BCBSNM and ModivCare. The relationship between BCBSNM and ModivCare is that of independent contractors.

Such services are funded in part with the State of New Mexico.

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

To ask for auxiliary aids and services or materials in other formats and languages at no cost, please call 1-866-689-1523 (TTY/TDD: 711).

Blue Cross and Blue Shield of New Mexico complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of New Mexico does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of New Mexico:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of New Mexico has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hcsc.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ModivCare es una compañía independiente que ofrece servicios de transporte a BCBSNM a través de un acuerdo contractual entre BCBSNM y ModivCare. BCBSNM y ModivCare mantienen una relación laboral en calidad de contratistas independientes.

Estos servicios son financiados, en parte, por el estado de Nuevo México.

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-710-6984 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dę́ę́', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-710-6984 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-710-6984 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-710-6984 (TTY: 711)。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-710-6984 (رقم هاتف الصم والبكم:711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-710-6984 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-710-6984 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-710-6984（TTY: 711）まで、お電話にてご連絡ください。

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-710-6984 (ATS: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-710-6984 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-710-6984 (телетайп: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-710-6984 (TTY: 711) पर कॉल करें।

هجوت: رگا هب نابز یسراف وگتفگ یم دینک، تلایهست ینابز هب تروص ناگیار یارب امش مهارف یم دشاب. اب 1-855-710-6984 (TTY: 711) سامت دیریگب.

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-710-6984 (TTY: 711).