

## Wyoming Medicaid DME Mileage Verification Form

Provider Name \_\_\_\_\_

NPI/Provider Number \_\_\_\_\_

Member Name \_\_\_\_\_

Member ID \_\_\_\_\_

Date of Service \_\_\_\_\_

### Travel Information

Begin City \_\_\_\_\_

Destination City \_\_\_\_\_

Total Miles (One Way ) \_\_\_\_\_

X 2 (round trip) = \_\_\_\_\_

*Total distance from Begin City to  
Destination City, obtained via  
<http://www.mapquest.com>*

*Total Mileage*

Total Reimbursable Miles \_\_\_\_\_

- 50 miles(\*) = \_\_\_\_\_

*Total Mileage*

*\*The first 50 miles  
are not reimbursable.*

*Reimbursable Miles*

Reimbursable Amount \_\_\_\_\_

X \$0.40/Mile = \_\_\_\_\_

*Reimbursable Miles*

*Total Reimbursement*

