MISSOURI FIRST STEPS
FAMILY MEMBER TRANSPORTATION - BILLING FORM

Child ID Number	Child Name	Child Date of Birth
Parent Name	**Parent Phone Number**	**Service Coordinator**

Payment will be made to:

Authorized Transportation Provider: _____

Payee Tax ID Number: _____

Subject to conditions of the Individualized Family Service Plan (IFSP), you are authorized to provide and bill for the following service:

Authorization Number: _____ **Description:** Transportation

Frequency: _____ **EI Procedure Code:** 8555

Miles Authorized (Round Trip): _____ **CPT Code:** T2003

Date of Travel	Service Provider Visited	Mileage (Round Trip)	Reimbursement Rate	Line Charges
			$0.47 per mile	$
			$0.47 per mile	$
			$0.47 per mile	$
			$0.47 per mile	$
			$0.47 per mile	$
			$0.47 per mile	$
			$0.47 per mile	$
			$0.47 per mile	$
			$0.47 per mile	$
			$0.47 per mile	$
			Total Charges:	$

Is this a resubmission of a previous claim? [ ] No [ ] Yes

Submit bills <u>within 60 days of travel</u> to:

Central Finance Office
Missouri First Steps
PO Box 29134
Shawnee Mission, KS 66201-9134

I certify the above billed services were provided in accordance with the child's IFSP.

_____

Transportation Provider's Signature **Date**

For questions about transportation billing, call 866-711-2573 (extension 1).

Effective October 2015