



## FAMILY MEMBER TRANSPORTATION BILLING FORM

### INSTRUCTIONS

When a First Steps service cannot be provided in the child's natural environment (e.g., the child's home or child care center), First Steps offers mileage reimbursement to families to cover the cost of transporting their child for services. Transportation must be authorized by the child's Individualized Family Service Plan (IFSP) team. A parent, or another person designated by the parent, must enroll as a transportation provider with the First Steps Central Finance Office (CFO) in order to be paid for transporting the child.

Below is an explanation of how to complete the Family Member Transportation Billing form. Items designated with an asterisk (\*) may be obtained from the child's First Steps Service Coordinator.

- Child ID Number — The child's First Steps identification number.\*
- Child Name — Name of the child being transported.
- Child Date of Birth — Birthdate of the child.
- Parent Name — Name of the child's parent.
- Parent Phone Number — Parent contact number.
- Service Coordinator — Name of the First Steps Service Coordinator.\*
- Authorized Transportation Provider — Person enrolled with the CFO to provide transportation for the child.
- Payee Tax ID Number — Identification number of person receiving transportation reimbursement (typically the social security number).
- Authorization Number — Authorization number authorizing transportation services.\*
- Frequency — How often transportation services are authorized.\*
- Miles Authorized (Round Trip) — Number of miles authorized to transport the child.\*
- Description — The service is Transportation and pre-filled on the billing form.
- EI Procedure Code — The EI code is 8555 and pre-filled on the billing form.
- CPT Code — The CPT code is T2003 and pre-filled on the billing form.
- Date of Travel — Date the child was transported to and from the service.
- Service Provider Visited — Name of the service provider or agency visited.\*
- Mileage (Round Trip) — Miles traveled (round trip) to transport the child. \*
- Reimbursement Rate — The rate paid per mile traveled (currently \$0.65.5 per mile).
- Line Charges — The number of miles for a round-trip journey multiplied by the mileage rate.
- Total Charges — A total of all the above line charges.
- Is this a resubmission of a previous claim? — When submitting transportation billing for dates of service for the first time, mark "NO". However, if submitting a correction to dates previously billed, mark "YES".
- Transportation Provider's Signature and Date — Signature of the authorized transportation provider and the date the form is signed.

Transportation forms must be submitted to the CFO **within 60 days from the dates of travel**. Once complete, mail the form to:  
Central Finance Office, Missouri First Steps  
PO Box 29134  
Shawnee Mission, KS 66201-9134.

For questions about the transportation billing form, please call the CFO at 866-711-2573 (extension 1).

If you or a member of your immediate family ever served in the U.S. Armed Forces, [click here for more information about military-related services in Missouri](#) or visit [www.dese.mo.gov/veterans-services](http://www.dese.mo.gov/veterans-services).

If you provide any "personal information" as defined in Section 105.1500, RSMo, concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, you understand and agree that you are voluntarily choosing to seek a state contract and providing such information for that purpose. The Department of Elementary and Secondary Education will treat such personal information in accord with Section 105.1500, RSMo, unless such information is subject to disclosure pursuant to federal or state law.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).

**FAMILY MEMBER TRANSPORTATION BILLING**

<b>GENERAL INFORMATION</b>	
Child ID Number	
Child Name	
Child Date of Birth	
Parent Name	
Parent Phone Number	
Service Coordinator Name	

<b>PAYMENT INFORMATION</b>	
Authorized Transportation Provider	
Payee Tax ID Number	

<b>AUTHORIZATION INFORMATION</b>	
Subject to conditions of the IFSP, you are authorized to provide and bill for the following service:	
Authorization Number	
Frequency	
Miles Authorized	
Description	Transportation
El Procedure Code	8555
CPT Code	T2003

<b>TRANSPORTATION RECORD</b>				
Date of Travel	Service/Activity	Mileage (Round Trip)	Reimbursement Rate	Line Charges
			\$ 0.65.5	
			\$ 0.65.5	
			\$ 0.65.5	
			\$ 0.65.5	
			\$ 0.65.5	
			\$ 0.65.5	
			\$ 0.65.5	
			\$ 0.65.5	
			\$ 0.65.5	
			\$ 0.65.5	
			Total Charges	

Is this a resubmission of a previous claim?  No  Yes

<b>AGREEMENT</b>	
By signing below, I agree that I provided the above services based on the child's IFSP.	
Transportation Provider's Signature	