



Michelle Lujan Grisham, Governor  
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**DEPARTMENTAL MEMORANDUM**  
**MAD-MR: 19-09**  
**DATE: November 14, 2019**

**TO: MEDICAL ASSISTANCE DIVISION**

**FROM:** *KLGN*  
**NICOLE COMEAUX, DIRECTOR, MEDICAL ASSISTANCE DIVISION**

**THROUGH:** *SCA*  
**SHARI ROANHORSE-AGUILAR, EXEMPT SERVICES AND PROGRAMS BUREAU CHIEF, MEDICAL ASSISTANCE DIVISION**

**BY: LINDA GILLET, BRAIN INJURY PROGRAM MANAGER, EXEMPT PROGRAMS AND SERVICES BUREAU** *LG*

**SUBJECT: BRAIN INJURY SERVICES FUND (BISF) PROGRAM TRAVEL EXPENSE REIMBURSEMENT FORM – MAD 768 REVISED JUNE 2019**

**GENERAL INFORMATION**

This form is for use by participants of the Brain Injury Services Fund Program for the purpose of documenting round-trip mileage to and from BI-related medical and therapy appointments. The completed form is submitted by the BISF Service Coordination Agency to the BISF Fiscal Management Agency to request reimbursement for authorized travel.

Changes include:

- Form: Addition of “Service Coordination Agency” (SCA) at top
- Addition of grey coloring for the areas to be completed by the medical / therapy Provider.
- Simplified instructions targeting 6<sup>th</sup> grade readability.
- Instructions: Addition of BISF
- Instructions: Direction for participant to submit to the SCA under “Routing”

**FILING INSTRUCTIONS**

Please make the following changes to the MAD forms manuals:

INSERT MAD 768 Revised June 2019  
DELETE MAD 768 Issued June 2018

Please address any questions concerning these guidelines to Linda Gillet, [LindaB.Gillet@state.nm.us](mailto:LindaB.Gillet@state.nm.us) or call (505) 827-7218.

Attachment: MAD 617 Revised June 2019

# BRAIN INJURY SERVICES FUND (BISF) TRAVEL EXPENSE REIMBURSEMENT FORM



PARTICIPANT NAME:  
SERVICE COORDINATION AGENCY:  
REGION:

Please fill out in full. Please type and print clearly.

<b>From:</b>	<b>To:</b>	<b>Roundtrip Miles</b>	<b>Rate \$.40 per Mile</b>
<b>Name and Phone Number of Office/Establishment:</b>			
<b>Name and Title of Person Verifying Appointment:</b>		<b>Signature of Person Verifying Appointment:</b>	\$ -
<b>From:</b>	<b>To:</b>	<b>Roundtrip Miles</b>	<b>Rate \$.40 per Mile</b>
<b>Name and Phone Number of Office/Establishment:</b>			
<b>Name and Title of Person Verifying Appointment:</b>		<b>Signature of Person Verifying Appointment:</b>	\$ -
<b>From:</b>	<b>To:</b>	<b>Roundtrip Miles</b>	<b>Rate \$.40 per Mile</b>
<b>Name and Phone Number of Office/Establishment:</b>			
<b>Name and Title of Person Verifying Appointment:</b>		<b>Signature of Person Verifying Appointment:</b>	\$ -
<b>PARTICIPANT SIGNATURE:</b>		<b>DATE:</b>	<b>TOTAL MILES (This Page):</b>
			0
			<b>TOTAL REIMBURSEMENT (This Page):</b>
			\$ -
			<b>PAGE # OF TOTAL PAGES:</b>
<b>SERVICE COORDINATOR INITIALS:</b>		<b>DATE SENT FOR PAYMENT:</b>	<b>TOTAL REIMBURSEMENT (ALL PAGES):</b>
			\$

# BRAIN INJURY SERVICES FUND (BISF) TRAVEL EXPENSE REIMBURSEMENT FORM

## Form Instructions

**PURPOSE:** The MAD 768 form is used by participants to track round-trip mileage to medical and therapy appointments. This lets the participant get paid for round-trip mileage for travel that has been approved by the BISF Program. One form should be completed for each month of approved travel.

### **INSTRUCTIONS FOR SERVICE COORDINATORS AND PARTICIPANTS:**

1. The Service Coordinator (SC) fills in the starting address ("From"). The SC also fills in the destination address ("To"). The SC adds round-trip miles. The SC uses MapQuest to get the miles.
2. The participant takes the form to each medical/therapy visit. The participant asks the Provider to fill in the light grey parts.
3. The participant makes sure that the grey areas are filled in. This includes signatures that show the visit took place.
4. The participant must give the filled in form back to the SCA once the trip is done. The participant may use more than one page for all the visits in that month.
5. The participant must sign, date and number each page. The participant fills in the number of pages at the bottom right of the page. The participant gives the filled in forms to the SC each month.
6. The SC will add up "Total Miles" and "Total Reimbursement" and enter those amounts on the form.
7. Once the form is filled out, the SC must certify the form with his or her initials.
8. The form must be turned in to the SC. This must be done within ninety (90) days of travel. The SC will send it to the BISF Fiscal Intermediary Agency (FIA). The FIA will process the request for payment to the participant.

### **ROUTING:**

Once travel is done, the signed form is sent by the SC to the BISF FIA in scanned hard-copy form. The SCA and the BISF FIA must keep electronic versions of each submission. They are kept as part of the participant's record. The hard-copy originals will be kept by the SCA in the participant's hard-copy file.

### **FORM RETENTION:**

Permanent

Flesch-Kincaid grade level: 4.7