



Gas Reimbursement Payee Enrollment

Please fill out the entire form below. Incomplete forms will be rejected which will delay the enrollment date. Please print.

Driver Information Mr. Mrs. Ms. Date of Birth of Driver: _____

Full Name of Driver _____
Last First Middle Initial Maiden (if applicable)

Mailing Address of Driver* _____
Street or P.O. Box City State ZIP Code

Driver E-mail _____ Driver Telephone Number _____ Driver Social Security Number _____

I will transport the following people (limited to 5 total)

Medicaid Recipient Name	Date of Birth (mm/dd/yyyy)	Medicaid ID Number													
1.															
2.															
3.															
4.															
5.															

Check off the boxes and fill in the information below:

A. I have a current Louisiana Driver's license that is not suspended or revoked. Yes No Driver's License Number: _____

B. I have a current Louisiana State inspection sticker on my car. Yes No Car License Plate Number: _____

C. I carry liability insurance on my car and it is at least the minimum. Yes No Name of Insurance Company: _____

I promise that all of the above information is true and accurate. I understand that false statements regarding this information can result in fines, penalties, and/or imprisonment.

Print Name of Driver

Signature of Driver

Date of Signature

*Please remember drivers cannot transport members who live in their household.

Please send this completed form with copies of your current Driver's License, Registration and Insurance Card by e-mail to **Gas@Callmeditrans.com** or by mail to:
Medi Trans
Attention: Gas Reimbursement
115 Hansel St. New Iberia, LA 70560

Do you need help with your healthcare, talking with us, or reading what we send you? Call us toll free at 1-844-521-6941 (TTY 711) to get this for free in other languages or formats.

¿Necesita ayuda con su atención médica? ¿Necesita ayuda para leer lo que le enviamos o para hablar con nosotros? Llámenos al número gratuito 1-844-521-6941 (TTY 711) para conseguir esta información sin costo en otros idiomas o formatos.

www.myhealthybluela.com

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.