



EqualityCare DME Mileage Verification Form

Provider Name _____

Provider Number _____

Client Name _____

Client ID # _____

Date of Service _____

Travel Information

Begin City _____ Destination City _____

Total Miles _____ X 2 (round trip) = _____
(Total Distance from Begin City to Destination City; obtained from <http://sao.state.wy.us>) (Mileage)

Mileage _____ - *50 miles = _____
(* The first 50 miles are not reimbursable) (Reimbursable Miles)

Reimbursable Amount = _____ X \$0.40/Mile = \$ _____
(Reimbursable Miles)