WELL SENSE HEALTH PLAN

CTS CONNECTING PEOPLE WITH CARE

Request for Reimbursement of Medical Transportation by Private Car or Rail

You must call CTS 48 business hours in advance of any non-urgent medical appointment to get pre-approved to participate in the Medical Transportation Reimbursement Program. Reimbursements will not be issued for transportation to medical appointments that were not approved in advance of the appointment. Reimbursement of Medical Transportation expenses will be considered without 48 business hours notice for urgent appointments if approved by CTS prior to the medical appointment.

DHHS Medicaid policy He-W 574.06 (e), states "If more than one passenger was transported in one trip, a payee shall not submit separate claims for each passenger".

Submit completed Reimbursement form to: **Coordinated Transportation Solutions, Inc., 35 Nutmeg Drive Suite 120, Trumbull, CT 06611 Phone (855) 739-4775 Fax (203) 375-0516.**

_____ _____ _____

Member's Name Member's Well Sense ID # Date:

_____ _____

Mailing Address Physical Address (If different than mailing address)

_____ _____ _____

City State Zip Code

***This is to certify that the information on this form is true, accurate and complete. I understand that payment of this claim may be from Federal and State funds and that any false claims, statements, documents or the concealment of material fact may be prosecuted under applicable Federal and State Laws.

Member's Signature: _____

Coordinated Transportation Solutions, Inc. (CTS) will review and approve the members request for medical transportation. Payment will be made to the member once CTS has verified that the appointment was kept. The member must submit completed forms no later than 30 calendar days after the month that the appointment took place. The member must only be entering one calendar month per form per treating physician.

Total reimbursement for the month is calculated in the following way: In-town trips will be reimbursed at $.41 per mile. Out-of-town trips will be reimbursed at $.41 per mile.

TO BE COMPLETED BY YOUR MEDICAL PROVIDER ONLY-PLEASE PRINT

_____

Physician/Medical Provider/Clinic Name

_____

Street Address City State Zip Code

Patient Traveled by: Car[ ] Bus [ ] Rail [ ]

Dates of Medical Service

_____
_____
_____
_____
_____
_____
_____

I attest that the patient named above visited my office/clinic for non-emergency medical appointment(s) on the date(s) as noted.

By: _____

Physician's/Medical Provider's Signature

_____

National Provider Identifier (N.P.I.)

_____

Date

*********CONFIDENTIALITY NOTICE*********

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WELL SENSE HEALTH PLAN

Multi-language Interpreter Services

Important! This information is about your Well Sense Health Plan benefits. It needs to be translated right away. Well Sense Health Plan can translate it for you. If you speak English, language assistance services, free of charge, are available to you. Call 877-957-1300 (TTY: 711).

هام! هذه المعلومات تتعلق بمزايا خطة Well Sense Health Plan الخاصة بك، ويتعين ترجمتها في الحال يمكن لمؤسسة Well Sense Health Plan ترجمتها لك. إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان، مقدمة. اتصل برقم 877-957-1300. (TTY: 711) (ARA)

Important! Cette information est à propos de vos prestations médicales de Well Sense Health Plan. Elle doit être traduite immédiatement. Well Sense Health Plan peut la traduire pour vous. Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 877-957-1300 (TTY: 711). (FR)

¡Importante! Esta información es sobre sus beneficios de Well Sense Health Plan. Debe ser traducida inmediatamente. Well Sense Health Plan puede traducirla por usted. Si habla Español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 877-957-1300 (TTY: 711). (SP)

Σημαντικό! Οι παρούσες πληροφορίες αφορούν τις παροχές σας σχετικά με το Well Sense Health Plan. Πρέ πει να μεταφραστούν αμέσως. Το Well Sense Health Plan μπορείναταμεταφράσειγιαεσάς. Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 877-957-1300 (TTY: 711). (GR)

重要！此資訊是關於您的Well Sense Health Plan福利。它必須立即被翻譯。Well Sense Health Plan可以為 您翻譯。如果您使用繁體中文，您可以免費獲得語言援助服務請致電 877-957-1300 (TTY: 711)。(CHT)

Importante! Esta informação é sobre os seus benefícios do Well Sense Health Plan. Ele precisa ser traduzido imediatamente. Well Sense Health Plan pode traduzi-lo para você. Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 877-957-1300 (TTY: 711). (PORT)

Ważne! Te informacje dotyczącą korzyści zapewnianych przez Well Sense Health Plan. Konieczne jest ich natychmiastowe przetłumaczenie. Well Sense Health Plan może przetłumaczyć je dla Ciebie. Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 877-957-1300 (TTY: 711). (POL)

Važno! Ove informacije su o vašim beneficijama Well Sense Health Plan. Njihov prijevod je potreban odmah. Well Sense Health Plan može ih prevesti za vas. Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 877-957-1300 (TTY: 711). (CRO)

महत्त्वपूर्ण! यो जानकारी तपाईंको Well Sense Health Plan सुविधाहरूको बारेमा हो। यसलाई अहिले नै अनुवादन गर्नुपर्छ। Well Sense Health Plan ले तपाईंको लागि अनुवादन गर्न सक्छ। यदि तपाईं नेपाली बोल्नुहुन्छ भने भाषा सहायता सेवाहरू तपाईंको लागि नि:शुल्क उपलब्ध छ। 877-957-1300 (TTY: 711) मा फोन गर्नुहोस्। (NEP)

Lưu ý! Đây là thông tin về phúc lợi Well Sense Health Plan của bạn. Cần phải dịch ngay. Well Sense Health Plan có thể dịch nó cho bạn. Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 877-957-1300 (TTY: 711). (VIET)

Penting! Berikut ini adalah informasi tentang manfaat Well Sense Health Plan Anda. Informasi Anda harus diterjemahkan. Well Sense Health Plan dapat menerjemahkannya untuk Anda. Jika Anda menggunakan Bahasa Indonesia, kami menyediakan layanan bantuan untuk Anda secara gratis. Hubungi 877-957-1300 (TTY: 711). (IND)

중요사항! 본 정보는 귀하의 Well Sense Health Plan 수당에 대한 것으로, 즉시 번역해야 합니다. Well Sense Health Plan이 귀하를 대신해 번역해드리겠습니다. 한국어 사용자라면 언어 지원 서비스를 무료로 제공해드립니다. 877-957-1300 (TTY: 711) 로 전화하십시오. (KOR)

Важно! Эта информация касается ваших льгот по плану Well Sense Health Plan. Ее необходимо перевести незамедлительно. Такую услугу вам может предоставить план Well Sense Health Plan. Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 877-957-1300 (TTY: 711). (RUS)

Enpòtan! Enfòmasyon sa yo konsène avantaj Well Sense Health Plan ou. Nou bezwen tradui yo touswit. Well Sense Health Plan kapab tradui yo pou ou. Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 877-957-1300 (TTY: 711). (HC)

Birahambaye! Aya makuru araraba imfashanyo ya Well Sense Health Plan. Akeneye guhita asobanurwa mu rurimi wumva ubu nyene. Well Sense Health Plan ishobora kwishakira umusobanuzi yo nyene. Yaba uvuga Kirundi, Serivisi Zifasha gusobanura indimi, ku buntu, barazikuronsa. Hamagara 877-957-1300 (TTY: 711). (BANTU)

Important! This material can be requested in an accessible format by calling 1-877-957-1300 (TTY: 711).

Notice About Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement: Discrimination is Against the Law

Well Sense Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender, moral or religious grounds or limited English proficiency. Well Sense Health Plan does not exclude people or treat them differently because of race, color national origin, age, disability, sex, gender sexual orientation, gender identity, limited English proficiency, moral or religious grounds (including limiting or not providing coverage for counseling or referral services).

Well Sense Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - TTY services
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Well Sense Health Plan.

If you believe that Well Sense Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
529 Main Street, Suite 500
Charlestown, MA 02129
Phone: 877-957-1300 (TTY/TDD 711)
Fax: 617-897-0805

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Well Sense Health Plan is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are also available at http://www.hhs.gov/ocr/office/file/index.html.