



Eric Holcomb, Governor  
State of Indiana

## Indiana Health Coverage Programs

800-457-4584  
[www.in.gov/medicaid](http://www.in.gov/medicaid)

### Medicaid Family Member or Associate Transportation Services Form

Version 1.1, August 1, 2024

Medicaid members who have a family member or a close associate that can drive them to medical appointments may request that the driver be enrolled with Indiana Medicaid, so that the driver's mileage can be reimbursed. Trips and reimbursement must be arranged through the Medicaid member's transportation broker.

The Medicaid member must complete and sign this form to verify:

- That frequent trips for medical services are necessary and cause an undue financial burden
- The Medicaid member being transported; a separate form is required for each Medicaid member affected
- The family member or associate who will be enrolling as the Medicaid member's driver; a separate form and enrollment is required for each driver requesting reimbursement

1. The identified driver must enroll as an Indiana Medicaid transportation provider. The driver's application must include:

- A completed [IHCP Family Member or Associate Transportation Provider Enrollment and Profile Maintenance Packet](#)
- A copy of this *Medicaid Family Member or Associate Transportation Services Form* – completed and signed
- A copy of the driver's current driver's license
- A copy of the driver's current auto insurance
- A copy of the driver's current auto registration

2. The driver's application documents must be mailed to:

**IHCP Provider Enrollment**

**PO Box 50443**

**Indianapolis, IN 46250-0418**

<b>Name of Medicaid Member</b>	<b>Medicaid Member Number (RID)</b>
<b>Name of Driver</b>	<b>Driver's Relationship to Medicaid Member</b>
<b>Driver's License Number of Driver</b>	<b>Effective Date for Driver's Enrollment</b>
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Explain the Medicaid member's need for frequent transportation to medical appointments and the financial impact providing transportation has on the member and the member's family.	
<b>Signature of Medicaid Member or Authorized Representative</b>	<b>Date</b>

