

BEAR RIVER ASSOCIATION OF GOVERNMENTS

170 N. Main, Logan, Utah 84321

Phone (435) 752-7242 • Fax (435) 752-6962

www.brag.utah.gov

PROGRAM FUNDED BY:



MEDICAL TRANSPORTATION VOUCHER USES

Vouchers may be used to pay for approved non-emergency medical trips only. This includes scheduled medical/dental appointments, trips to the pharmacy, treatment centers, testing/screening/laboratory facilities, routine check-ups, grocery store/food pantry/LDS Bishop's Storehouse, or other medical-related trips as approved by the medical voucher program specialist (call 435-752-7242 with questions).

INSTRUCTIONS FOR VOUCHER USE

PARTICIPANTS: Vouchers may be used to pay for approved non-emergency medical trips only. Participants will be responsible to choose a driver that has agreed to accept vouchers for payment of an approved trip. Participants are encouraged to seek trips from trusted colleagues, neighbors, family, or friends who are legally licensed and insured to operate a motor vehicle.

DRIVERS: Please use the checklist below for collecting and submitting vouchers for payment.

- *Check ID of the participant;*
- *Complete Driver Section of the voucher;*
- *Make sure participant and driver both sign the voucher;*
- *Tear off bottom portion of voucher for your receipt/proof of trip;*
- *Return voucher(s) to the BRAG office by mail or in person to the address below;*
- ***Submit vouchers by the 5th of the next month (Example: if your trip is in October, submit your vouchers to the BRAG office by November 5th).***



MAILING/OFFICE ADDRESS

BRAG: Attn. MVP Voucher Program
170 N. Main, Logan, UT 84321

BRAG CONTACT INFORMATION

Medical Voucher Program Staff
Local Number: 435-752-7242
Toll Free: 1-877-772-7242



PAYMENT: BRAG will send payment by check within 6-8 weeks of receiving the voucher. One check will be issued per driver per month. BRAG will not be responsible for paying for ineligible trips or if fraud is suspected.

****NOTES:** BRAG reserves the right to check mileage and payment amount based on pick-up and drop-off locations. *This program is a temporary demonstration project only. As such, services will cease when grant funding is exhausted.*

MEDICAL TRANSPORTATION VOUCHER **VOUCHER #**

Participant name: _____ BRAG Staff Signature: _____

TRIP PURPOSE

Print Date: _____

- | | | |
|--------------------------------------------------|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Medical Supply | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Cancer Treatment |
| <input type="checkbox"/> Medical Appointment | <input type="checkbox"/> Dialysis Treatment | <input type="checkbox"/> Critical Nutrition |
| <input type="checkbox"/> Other (optional): _____ | | |

TRIP DETAILS

Trip date: _____ Trip Time of Day: _____

Pick up (full address): _____

Destination (full address): _____

DRIVER INFORMATION (please print clearly)

Driver/company name: _____ Phone: _____

Relationship to participant: _____ Email (optional): _____

Street address: _____

City: _____ State: _____ Zip: _____

TRIP CALCULATOR (select one)

VOUCHER AMOUNT

Total Miles (1 client): _____ X \$0.40 =

Total Miles (2+ clients*): _____ X \$0.25 =

***Note: For 2+ clients in the same vehicle, fill out individual vouchers for each client.**

Driver Signature (above)	Date	Participant Signature (above)	Date
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STAFF ONLY: Date Received/Initial: _____ MM Initial/Date: _____ Admin. Initial/Date: _____

Return top portion to agency Keep bottom for driver receipt

Participant name: _____ **VOUCHER #**

Trip date: _____ **VOUCHER AMOUNT:**

Driver Signature (above)	Date	Participant Signature (above)	Date
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