DSS-NEMT-972 12/21

For NEMT Staff use only Claim #

SOUTH DAKOTA MEDICAID NON-EMERGENCY MEDICAL TRAVEL ADDITIONAL LODGING FORM

Use the tables below to provide details of each additional night's lodging and attach to your reimbursement form.

Recipient Name:	Medicaid Number:
Departure Date (mm/dd/yyyy):	
Return Date (mm/dd/yyyy):	

Date (mm/dd/yyyy):		
Where did the Recipient stay?	Where did the Escort stay?	
☐ Hotel (receipt required) ☐ Friend/Family City: ____________________State: _____ ☐ Inpatient Hospital Stay ☐ Non-Profit ☐ Other____________________________ ☐ Can't remember	☐ Hotel (receipt required) ☐ Friend/Family City: ________________State: ______ ☐ Inpatient Hospital Stay ☐ Non-Profit ☐ Other: __________________________	☐ Home City: ___________________State: _____ ☐ Can't remember ☐ No Escort
	Did the escort travel home and back the same day? ☐ Yes ☐ No If yes, what is the mode of travel? _____________________________________	

Date (mm/dd/yyyy):		
Where did the Recipient stay?	Where did the Escort stay?	
☐ Hotel (receipt required) ☐ Friend/Family City: ____________________State: _____ ☐ Inpatient Hospital Stay ☐ Non-Profit ☐ Other____________________________ ☐ Can't remember	☐ Hotel (receipt required) ☐ Friend/Family City: ________________State: ______ ☐ Inpatient Hospital Stay ☐ Non-Profit ☐ Other: __________________________	☐ Home City: ___________________State: _____ ☐ Can't remember ☐ No Escort
	Did the escort travel home and back the same day? ☐ Yes ☐ No If yes, what is the mode of travel? _____________________________________	

Date (mm/dd/yyyy):		
Where did the Recipient stay?	Where did the Escort stay?	
☐ Hotel (receipt required) ☐ Friend/Family City: ____________________State: _____ ☐ Inpatient Hospital Stay ☐ Non-Profit ☐ Other____________________________ ☐ Can't remember	☐ Hotel (receipt required) ☐ Friend/Family City: ________________State: ______ ☐ Inpatient Hospital Stay ☐ Non-Profit ☐ Other: __________________________	☐ Home City: ___________________State: _____ ☐ Can't remember ☐ No Escort
	Did the escort travel home and back the same day? ☐ Yes ☐ No If yes, what is the mode of travel? _____________________________________	

Date (mm/dd/yyyy):		
Where did the Recipient stay?	Where did the Escort stay?	
☐ Hotel (receipt required) ☐ Friend/Family City: ____________________State: _____ ☐ Inpatient Hospital Stay ☐ Non-Profit ☐ Other____________________________ ☐ Can't remember	☐ Hotel (receipt required) ☐ Friend/Family City: ________________State: ______ ☐ Inpatient Hospital Stay ☐ Non-Profit ☐ Other: __________________________	☐ Home City: ___________________State: _____ ☐ Can't remember ☐ No Escort
	Did the escort travel home and back the same day? ☐ Yes ☐ No If yes, what is the mode of travel? _____________________________________	