

Individual Transportation Participant (ITP) Registration Form



This form can be used to register as an ITP in order to drive a Texas Children's Health Plan member to and from medical appointments. The ITP can either be the member themselves or a friend or family member of the member. Please fill out the entire form and sign the bottom. Remember to include a copy of your driver's license, auto insurance card, and vehicle registration. Forms submitted without these attachments won't be approved.

DRIVER INFORMATION (Please attach a photocopy of the driver's license.)

First Name	Last Name	
Email Address	Phone Number	
Driver's License Number	Expiration Date	Issuing State
Social Security Number	Date of Birth	

Relation to Member: Self Family Member Friend Other _____

VEHICLE INFORMATION (Please attach a copy of your insurance card and vehicle registration. The vehicle being registered must be on the insurance policy.)

Auto Insurance Policy Number	Policy Issue Date	Policy Expiration Date
Vehicle Identification Number (VIN)	License Plate Number	

PAYMENT INFORMATION (Please select only one payment option.)

Direct Deposit *RECOMMENDED (Expect to receive payment in 1-2 weeks.)

Account Holder Name	Bank Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Checking
Routing Number	Account Number

Physical Check (Expect to receive payment sent to your mailing address in 4-6 weeks.)

Mailing Address		
City	State	Zip Code

Required Attachments:

- A copy of your current and valid driver's license
- A copy of your current and valid auto insurance card
- A copy of your vehicle registration

Individual Transportation Participant (ITP) Registration Form



If you are driving yourself or family members only, fill out **Section 1** and leave **Section 2** blank.

If you are driving a person other than yourself or a family member, fill out **Section 1** and **Section 2**.

Section 1 (Facts About the Person You Will be Driving)

Member Name:	Medicaid ID #:	Member DOB (MM/DD/YYYY):	Relationship to ITP:
			Family Member
			Non-Family Member
			Self

Section 2 (Facts about the ITP)

Are you currently charged with or have you even been convicted of a crime (excluding Class C misdemeanor traffic citations)?

“Convicted” means that:

- a) *A judgment of conviction has been entered against an individual by a Federal, State or local court, regardless of whether:

 - i) *There is a post-trial motion or an appeal pending; or*
 - ii) *The judgment of conviction or other record relating to the criminal conduct has been expunged or otherwise removed;**
- b) *A Federal, State or local court has made a finding of guilt against an individual;*
- c) *A Federal, State or local court has accepted a plea of guilty or nolo contendere by an individual, or*
- d) *An individual has entered into participation in a first offender, deferred adjudication or other program or arrangement where judgment of conviction has been withheld.*

Check One:

Yes

No

If Yes, fully explain the details including date, the state and county where the conviction occurred, the cause number(s), and specifically what you were convicted of (attach additional sheets if necessary).

Terms and Conditions of Participation

1. Before you drive a Medicaid member to their appointment, the member must first get approval for the ride from MTM. The member can schedule their trip by calling MTM at (888) 401-0170, Monday-Friday, from 8 a.m. to 5 p.m. If the trip is not approved, the ITP will not be paid.
2. At the appointment, the doctor must stamp or sign the ITP Reimbursement Form.
3. You will get one mileage reimbursement payment for each round trip even if you are driving more than one member.
4. MTM will use a computer program to determine the shortest distance in miles that your trip should take. The amount of your gas reimbursement payment is based on this mileage calculation. You will be paid per mile. The rate of payment per mile is based on the current mileage rate for state employees. This rate is set by the Texas Legislature.
5. All payments to drivers will be reported by MTM to the Internal Revenue Service (IRS).
6. You must maintain a current and valid driver's license, auto insurance, vehicle inspection and vehicle registration to remain enrolled in the program.
7. The completed Mileage Reimbursement Form must be submitted within 30 days from the date you gave the member the ride. Forms received after this deadline will not be paid. *For example, if the ride was given on January 1, the form must be **received** by MTM no later than January 31.*

Attestation:

By signing below, I promise that the information provided in this application is true and correct. I have read the above terms and conditions. I understand that I must obey these terms and conditions to participate in the program.

I understand I must keep my own copies of all documentation to support any mileage reimbursement claim. I understand that Texas Children's Health Plan and MTM have the right to review any mileage reimbursement claim to make sure it can be paid. They also have the right to request more information from me about any trips sent in for reimbursement.

Signature of ITP Driver

Date

**Please mail the original form with your signature to MTM.
Keep a copy for your records. You can submit completed forms by email, fax, or mail:**

Email: TXpayee@mtm-inc.net

Fax: 888-407-0936

Mail: MTM, Attn: Mileage Reimbursement

16 Hawk Ridge Circle

Lake St. Louis, MO 63367