

REQUEST FOR OUTREACH FLIGHT/ROAD TRAVEL

Name _____
Specialty _____
Address _____ City _____
_____ ST _____ Zip _____
Phone _____ Date of Request _____

Location of Clinic _____

Sponsoring Facility _____

Date Held _____

RATIONALIZATION/NEED FOR VISIT

Please indicate if the request is for FLIGHT or ROAD travel:

_____ Flight _____ Chauffeured Vehicle _____ Road Subsidy

GUIDELINES

- All requests for physician outreach flight, chauffeured vehicle or road travel subsidy will be approved and prioritized by Rocky Mountain Health Network's (RMHN) Board of Directors.
- All requests are for a **one year time period** and must be renewed on a yearly basis.
- Outreach clinics within a 150-mile radius from Billings would warrant road travel with reimbursement per federal guidelines. Chauffeured vehicle available between 100 to 150 mile radiuses.
- Credentialed member providers only will be eligible for outreach/travel reimbursement.
- Provider office responsible for submitting invoice to RMHN per occurrence for reimbursement.
- Return to Rocky Mountain Health Network or fax to (406) 238-6068.