

Mileage Memo

Welcome to the LKiChoice Fiscal Agent Program. LKiChoice has a referral that you will be providing transportation services to a Member. LKiChoice will need the following information to confirm a valid driver's license and proof of insurance at the time of the referral for the mileage reimbursement to you.

Providing Services For: _____

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Social Security #: _____

Driver License # _____

Vehicle Insurance Carrier: _____

Vehicle Insurance Policy # _____

Date of expiration of vehicle insurance _____

Providers (Employees/Drivers) are required to have a current driver's license always issued by the Department of Transportation and current insurance. Vehicles used to provide transportation must be insured and in good repair, with all operating and safety systems functioning. By signing this form, I agree that I am meeting all of these requirements. If there is a change in any of the information provided, I will update this agency.

My signature below verifies that my information above is accurate, and I am the owner of the vehicle.

Signature: _____

Date: _____



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