

(For NEMT Staff use only)

Claim #: _____

SOUTH DAKOTA MEDICAID NON-EMERGENCY MEDICAL TRAVEL (NEMT) ADDITIONAL LODGING FORM

Use the tables below to provide details of each additional nights of lodging and attach to your reimbursement claim/form.
NEMT Additional Lodging Form can be found online at <https://dss.sd.gov/medicaid/recipients/title19transportation.aspx>

Recipient Name:	Date of Birth:	Medicaid ID #:
Departure Date (mm/dd/yyyy):	Return Date (mm/dd/yyyy):	

Date (mm/dd/yyyy):	
Where did the recipient stay?	Where did the escort stay?
<input type="checkbox"/> Hotel (receipt required showing proof of payment & nightly rate) <input type="checkbox"/> Friend/Family - City: _____ State: _____ <input type="checkbox"/> Inpatient Hospital Stay <input type="checkbox"/> Non-Profit: _____ <input type="checkbox"/> Can't remember <input type="checkbox"/> Other: (please specify) _____	<input type="checkbox"/> Hotel (receipt required showing proof of payment & nightly rate) <input type="checkbox"/> Friend/Family - City: _____ State: _____ <input type="checkbox"/> Stayed In Hospital <input type="checkbox"/> Non-Profit: _____ <input type="checkbox"/> Home - Did someone remain with the recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/> No Escort <input type="checkbox"/> Other: (please specify) _____
Did the escort travel home and back the same day? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the escort's Mode of Travel? _____	

Date (mm/dd/yyyy):	
Where did the recipient stay?	Where did the escort stay?
<input type="checkbox"/> Hotel (receipt required showing proof of payment & nightly rate) <input type="checkbox"/> Friend/Family - City: _____ State: _____ <input type="checkbox"/> Inpatient Hospital Stay <input type="checkbox"/> Non-Profit: _____ <input type="checkbox"/> Can't remember <input type="checkbox"/> Other: (please specify) _____	<input type="checkbox"/> Hotel (receipt required showing proof of payment & nightly rate) <input type="checkbox"/> Friend/Family - City: _____ State: _____ <input type="checkbox"/> Stayed In Hospital <input type="checkbox"/> Non-Profit: _____ <input type="checkbox"/> Home - Did someone remain with the recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/> No Escort <input type="checkbox"/> Other: (please specify) _____
Did the escort travel home and back the same day? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the escort's Mode of Travel? _____	

Date (mm/dd/yyyy):	
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<input type="checkbox"/> Hotel (receipt required showing proof of payment & nightly rate) <input type="checkbox"/> Friend/Family - City: _____ State: _____ <input type="checkbox"/> Inpatient Hospital Stay <input type="checkbox"/> Non-Profit: _____ <input type="checkbox"/> Can't remember <input type="checkbox"/> Other: (please specify) _____	<input type="checkbox"/> Hotel (receipt required showing proof of payment & nightly rate) <input type="checkbox"/> Friend/Family - City: _____ State: _____ <input type="checkbox"/> Stayed In Hospital <input type="checkbox"/> Non-Profit: _____ <input type="checkbox"/> Home - Did someone remain with the recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/> No Escort <input type="checkbox"/> Other: (please specify) _____
Did the escort travel home and back the same day? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the escort's Mode of Travel? _____	

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Did the escort travel home and back the same day? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the escort's Mode of Travel? _____	

Please return this form by mail, email or fax along with any necessary documentation or receipts to:

Department of Social Services
EBT and NEMT
700 Governors Drive
Pierre, SD 57501

Local Phone Number: (605) 773-6527
Toll Free Number: 866-403-1433
Fax Number: (605) 773-8461
Email: dss.ebtstateoffice@state.sd.us

Claims may also be submitted through our online portal at <https://dss.sd.gov/nemt>

QUESTIONS? Please contact our office by calling our toll-free number at 1-866-403-1433 or by sending an email to dss.ebtstateoffice@state.sd.us.