



STATE OF OKLAHOMA

Room and Board Provider:

(Name of Hotel) _____

Lodging and/or Meals Authorization Form

This form authorizes payment from the Oklahoma Health Care Authority to the Room and Board Provider for the actual cost of the Lodging and/or Meals provided to the SoonerCare Member and/or Escort, not exceeding the following maximum amounts:

\$52.25 per night total for Lodging for Member and/or Escort (1 room only)
\$20.32 per day each for Meals for Member and/or Escort

Name of Member/Minor: Mouse, Mickey

Member's Date of Birth: 01-18-2015

SoonerCare Member ID Number: B10000000

Phone: (555) 555-5555

Please note*** Must complete 2 separate vouchers if authorized dates begin toward the end of one month and continue into the next month. Ex: authorizing dates 7/25/12 thru 8/7/12. Voucher 1: 7/25/12 - 7/31/12 checking out 8/1/12; Voucher 2: 8/1/12 - 8/7/12 checking out 8/8/12.

Name of Escort: Mouse, Minnie

Relationship to Member: Mother (Escort)

Dates Authorized: from night of 07/25/14 through night of 07/31/14 (check out on 08/01/14)

Check boxes that apply:

[x] Lodging (one room only)

[] Meals for Member

[x] Meals for Escort

Comments: Approve Lodging and Meals for Escort

Name of Member (print)

Name of Escort (print)

Signature of Member

Signature of Escort

(Social Worker Name)

(Social Worker Title)

Name of Authorizing Person (print)

Title

Phone Number: (Social Worker Number)

Fax Number: (Social Worker Fax)

(Social Worker Signature)

(Hospital Name)

Signature of Authorizing Person

Agency

(Date issuing voucher)

Date