



**Room and Board Provider**

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STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY

**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:

\$54.00 per night total for Lodging for Member and/or Escort (**1 room only**)  
\$21.00 per day each for Meals for Member and/or Escort

Name of Member/Minor: \_\_\_\_\_

Member's Date of Birth: \_\_\_\_\_

SoonerCare Member ID Number: \_\_\_\_\_

Name of Escort: \_\_\_\_\_ Relationship to Member (**Escort**): \_\_\_\_\_

Phone: \_\_\_\_\_

**Dates Authorized: from night of:** \_\_\_/\_\_\_/\_\_\_ **through night of:** \_\_\_/\_\_\_/\_\_\_ (check out on \_\_\_/\_\_\_/\_\_\_ )

**Check all that apply:**

**Lodging (one room only)**

**Meals for Member**

**Meals for Escort**

**Comments:**

\_\_\_\_\_  
Name of Member (print)

\_\_\_\_\_  
Name of Escort (print)

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Escort

\_\_\_\_\_  
Name of Authorizing Person (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Signature of Authorizing Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency