



Room and Board Provider

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:

\$52.20 per night total for Lodging for Member and/or Escort (**1 room only**)
\$20.31 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