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 _______________________________________________________

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