



OKLAHOMA
Health Care Authority

LODGING AND/OR MEALS AUTHORIZATION FORM
HCA-41 (LM) 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

Room and Board Provider:

Name of Member/Minor:

Member's Date of Birth:

SoonerCare Member ID #:

Phone #:

Name of Escort:

Relationship to Member (Escort):

Dates Authorized:		
From night of:	Through night of:	Check out on:
Check all that apply:		
<input type="checkbox"/> Lodging (one room only)	<input type="checkbox"/> Meals for Member	<input type="checkbox"/> Meals for Escort

Comments:	
Name of Member:	Name of Escort:
Signature of Member	Signature of Escort

Name of Authorizing Person:	Title:
Phone Number:	Fax Number:
Signature of Authorizing Person	
Date:	Agency:

OHCA Revised 6/19/2023



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/OHCA
mysoonerCare.org



PHONE

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