



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:

\$80.00 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 6/25/2026



ADDRESS

4345 N. Lincoln Blvd.
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WEBSITES

oklahoma.gov/OHCA
mysooner care.org



PHONE

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