

**Common Carrier Transportation Services Trip Log**

The form must be kept on file for up to 10 years by the provider. Completed forms are subject to audit by

UCare representatives.

**Member Information** Date of Entry:

|  |  |  |
| --- | --- | --- |
| Member Name | UCare Member ID | Date of Service |
| Member Signature\* | Signature Date |
| Relationship to Member if Other Than Self | Is The Member Ambulatory? (circle)YES NO |
| ***I certify that I received the reported transportation service. It is a federal crime to provide false information. Your signature verifies the time and services entered below are accurate.***  |

**Common Carrier Provider and Driver Information**

|  |  |  |
| --- | --- | --- |
| Organization Name | NPI or UMPI # | Mode of Transportation |
| Printed Driver Name (First, Middle Initial, Last) | Driver License # | License Plate # |
| **Driver Signature** | **Signature Date** |
| ***I certify and swear that I have accurately reported in this mileage log the miles I actually drove and the dates and times I actually drove them. I understand that misreporting the miles driven and hours worked******is fraud for which I could face criminal prosecution or civil proceedings.*** |

**Trip Information One-Way Round Trip \*Multiple Trips (\*Additional Legs Page 2)**

|  |
| --- |
| **LEG 1** |
| Pick Up Address | City/State/Zip | Pick-Up TimeAM / PM  |
| Drop Off Address and Location Name | City/State/Zip | Drop-Off TimeAM / PM  |
| Total Miles Driven |  |
|  |
| **LEG 2** |
| Pick Up Address | City/State/Zip | Pick-Up Time AM / PM  |
| Drop Off Address and Location Name | City/State/Zip | Drop-Off TimeAM / PM  |
| Total Miles Driven |  |
|  |
|  |

|  |  |
| --- | --- |
| Member Name | Date of Service |
| **\*LEG 3** |
| Pick Up Address | City/State/Zip | Pick-Up TimeAM / PM  |
| Drop Off Address and Location Name | City/State/Zip | Drop-Off TimeAM / PM  |
| Total Miles Driven |  |
|  |
| **\*LEG 4** |
| Pick Up Address | City/State/Zip | Pick-Up TimeAM / PM  |
| Drop Off Address and Location Name | City/State/Zip | Drop-Off TimeAM / PM  |
| Total Miles Driven |  |
|  |
| **\*LEG 5** |
| Pick Up Address | City/State/Zip | Pick-Up TimeAM / PM  |
| Drop Off Address and Location Name | City/State/Zip | Drop-Off TimeAM / PM  |
| Total Miles Driven |  |
|  |
| **\*LEG 6** |
| Pick Up Address | City/State/Zip | Pick-Up TimeAM / PM  |
| Drop Off Address and Location Name | City/State/Zip | Drop-Off TimeAM / PM  |
| Total Miles Driven |  |
|  |

*\*The name and signature of an authorized medical representative (parent, legal guardian, power of attorney), or facility/clinic representative may be substituted for the member signature.*