

**Special Transportation Services (STS) Trip Log**

This form can be filled out by the driver. The transportation provider organization must keep it in the

member’s file for 10 years. UCare representatives may audit the trip forms at any time.

**Member Information** Date of Entry:

|  |  |  |
| --- | --- | --- |
| Member Name | UCare ID # | Date of Service: |

**STS Provider and Driver Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization Name | | NPI or UMPI # | | |
| STS Certificate # | | Vehicle # | | License Plate # |
| Driver Name (First, Middle Initial, Last - Printed) | | Driver License Number | | |
| Name of Extra Attendant (If Used) | Is The Member Ambulatory? (circle)  YES NO | | Transportation Mode | |
| **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 (add details on next page)**

|  |  |  |
| --- | --- | --- |
| Pick-Up Address | City/State/Zip | Pick-Up Time  AM / PM |
| Drop-Off Address | City/State/Zip | Drop-Off Time  AM / PM |
| Facility Name | | Appointment Time  AM / PM |
| Facility/Provider Signature | | Signature Date |
| Leg Mileage | |  |
| **Return Trip** | |  |
| Pick-Up Address | City/State/Zip | Pick-Up Time  AM / PM |
| Drop-Off Address | City/State/Zip | Drop-Off Time  AM / PM |
| Leg Mileage | |  |
| Authorized Adult Signature (complete for unaccompanied minor trips) | | Signature Date |

**Special Transportation Services (STS) Trip Form (Continued)**

|  |  |  |  |
| --- | --- | --- | --- |
| Member Name | | | Date of Service |
| Pick-Up Address | City/State/Zip | | Pick-Up Time  AM / PM |
| Drop-Off Address | City/State/Zip | | Drop-Off Time  AM / PM |
| Facility Name | | | Appointment Time  AM / PM |
| Facility/Provider Signature | | | Signature Date |
| Leg Mileage | | |  |
| **Return Trip** | | |  |
| Pick-Up Address | City/State/Zip | | Pick-Up Time  AM / PM |
| Authorized Adult Signature (complete for unaccompanied minor trips) | | | Signature Date |
| Leg Mileage | | |  |
|  | | |  |
| Pick-Up Address | | City/State/Zip | Pick-Up Time  AM / PM |
| Drop-Off Address | | City/State/Zip | Drop-Off Time  AM / PM |
| Facility Name | | | Appointment Time  AM / PM |
| Facility/Provider Signature | | | Signature Date |
| Leg Mileage | | |  |
| **Return Trip** | | |  |
| Pick-Up Address | | City/State/Zip | Pick-Up Time  AM / PM |
| Drop-Off Address | | City/State/Zip | Drop-Off Time  AM / PM |
| Authorized Adult Signature (complete for unaccompanied minor trips) | | | Signature Date |
| Leg Mileage | | |  |