

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