LogistiCare

Cancellation Form Region 2

Virginia Non-Emergency Transportation
LogistiCare Solutions, LLC

Date of Service:_____ Date Faxed:_____ Provider:_____

Phone #: _____ Time Faxed:_____ Address:_____

Fax #: _____ _____

PLEASE NOTE: This form is to be completed and faxed daily to LogistiCare, Inc.at 866-885-3788 by 12:00 PM following the date of service. If there are no cancellations to report, complete the top portion of this form and put a check in this box. ☐

JOB #	A-leg/B-leg/Roundtrip	Member's Name	Code	Pick-Up Address

Preparer's Signature _____

rvsd: 7/28/04