



Virginia Non-Emergency Transportation Trip Log

LogistiCare Solutions, LLC

Mail To:
 LogistiCare Claims Department
 798 Park Avenue NW
 Norton, VA 24273

Provider Name:

Provider ID:

DRIVER'S NAME (as it appears on drivers license)

ATTENDANT'S FULL NAME (as it appears on drivers license)

A = Taxi/Van /Ambulatory
 W = Wheelchair
 S = Ambulance
 VS = Stretcher Van

If the member was a Rider No Show, place a check in this column.

WEEK ENDING:

Vehicle Number
 (List last six digits of the VIN)

Place an "A" in this column if the Attendant was approved by LogistiCare and you are billing for Attendant services. You must receive approval prior to billing for attendant services.

Date of Service	LogistiCare Job # A or B	Member's Name	A W S VS	RNS	Pick-up Time	Drop-Off Time	Will Call Time	Total Trip Mileage	Wait Time	Per Trip Billed Amount	Attendant Provided	Member's Signature or Attendant's Signature (if applicable)
										\$		
										\$		
										\$		
										\$		
										\$		
										\$		
										\$		
										\$		

****NOTE** Leg of transport** --a leg of transport is the point of pick-up to the destination. Example: Picking recipient up at residence and transporting to the doctor's office would be considered one leg; picking the recipient up at the doctor's office and transporting back to the residence would be considered the second leg of the trip. Each leg of the transport must be documented on separate lines. A signature is required for each leg of the transport. Pick-up and drop-off times **must** be documented **and** in military time.

Driver's Comments:

I understand that LogistiCare will verify the accuracy of the mileage being reported and I hereby certify the information herein is true, correct, and accurate.

DRIVER'S/PROVIDER'S NAME (must print): _____

DRIVER'S/PROVIDER'S SIGNATURE: _____

ATTENDANT'S NAME (must print): _____

ATTENDANT'S SIGNATURE: _____