



Virginia Invoice Cover Sheet

Mail to: LogistiCare Solutions, LLC
PO Box 248
798 Park Avenue NW
Norton, VA 24273

TRANSPORTATION PROVIDER NAME:

CONTACT PERSON:

PHONE NUMBER:

WEEK ENDING DATE:

TOTALS FOR TRANSPORTATION

AMBULATORY TRIPS	No. of Trips	\$
WHEELCHAIR TRIPS	No. of Trips	\$
STRETCHER VAN TRIPS	No. of Trips	\$
AMBULANCE TRIPS	No. of Trips	\$
GRAND TOTAL	No. of Trips	\$

FOR OFFICE USE ONLY

CHECK RUN	
WEEK BEGINNING	
WEEK ENDING	
TOTAL TRIPS PAID	
TOTAL TRIPS DENIED	
CLERK'S INITIALS	
TOTAL AMOUNT PAID	

DATE INVOICE RECEIVED	
LogistiCare Invoice No.	
LogistiCare Batch No.	