



Cancellation Form Region 4

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 _____