



VIRGINIA RESUBMIT TRIP LOG

Mail Invoices to:
LogistiCare VA Billing Dept.
P.O. Box 248, 798 Park Ave. NW

PROVIDER: _____

WEEK ENDING: _____

DRIVER'S NAME: _____

VEHICLE NUMBER: _____

RESUBMIT TRIP LOG

Date of Service	LogistiCare Job # A or B	Recipient's Name	A W T VS	Pick-up Time	Drop-Off Time	Total Trip Mileage	Resubmit Reason

****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. Pick-up and drop-off times **must** be documented **and** in military time. Concerning attendants, LGTC will pay **only** for attendants pre-authorized by LGTC. Please include a copy of your original trip log with this resubmission.

Preparer's Comments: _____

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

PREPARER'S SIGNATURE: _____