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**Common Carrier Transportation Services Trip Log**

The form must be kept on file for up to 10 years by the provider. Completed forms are subject to audit by

UCare representatives.

**Member Information** Date of Entry:

|  |  |  |  |
| --- | --- | --- | --- |
| Member Name | UCare Member ID | | Date of Service |
| Member Signature\* | | | Signature Date |
| Relationship to Member if Other Than Self | | Is The Member Ambulatory? (circle)  YES NO | |
| ***I certify that I received the reported transportation service. It is a federal crime to provide false information. Your signature verifies the time and services entered below are accurate.*** | | | |

**Common Carrier Provider and Driver Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization Name | NPI or UMPI # | | Mode of Transportation | |
| Printed Driver Name (First, Middle Initial, Last) | | Driver License # | | License Plate # |
| **Driver Signature** | | **Signature Date** | | |
| ***I certify and swear that I have accurately reported in this mileage log the miles I actually drove and the dates and times I actually drove them. I understand that misreporting the miles driven and hours worked***  ***is fraud for which I could face criminal prosecution or civil proceedings.*** | | | | |

**Trip Information One-Way Round Trip \*Multiple Trips (\*Additional Legs Page 2)**

|  |  |  |
| --- | --- | --- |
| **LEG 1** | | |
| Pick Up Address | City/State/Zip | Pick-Up Time  AM / PM |
| Drop Off Address and Location Name | City/State/Zip | Drop-Off Time  AM / PM |
| Total Miles Driven | |  |
|  | | |
| **LEG 2** | | |
| Pick Up Address | City/State/Zip | Pick-Up Time  AM / PM |
| Drop Off Address and Location Name | City/State/Zip | Drop-Off Time  AM / PM |
| Total Miles Driven | |  |
|  | | |
|  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Member Name | | Date of Service | |
| **\*LEG 3** | | | |
| Pick Up Address | City/State/Zip | | Pick-Up Time  AM / PM |
| Drop Off Address and Location Name | City/State/Zip | | Drop-Off Time  AM / PM |
| Total Miles Driven | | |  |
|  | | | |
| **\*LEG 4** | | | |
| Pick Up Address | City/State/Zip | | Pick-Up Time  AM / PM |
| Drop Off Address and Location Name | City/State/Zip | | Drop-Off Time  AM / PM |
| Total Miles Driven | | |  |
|  | | | |
| **\*LEG 5** | | | |
| Pick Up Address | City/State/Zip | | Pick-Up Time  AM / PM |
| Drop Off Address and Location Name | City/State/Zip | | Drop-Off Time  AM / PM |
| Total Miles Driven | | |  |
|  | | | |
| **\*LEG 6** | | | |
| Pick Up Address | City/State/Zip | | Pick-Up Time  AM / PM |
| Drop Off Address and Location Name | City/State/Zip | | Drop-Off Time  AM / PM |
| Total Miles Driven | | |  |
|  | | | |

*\*The name and signature of an authorized medical representative (parent, legal guardian, power of attorney), or facility/clinic representative may be substituted for the member signature.*