**Virginia Non-Emergency Transportation Trip Log**

**LogistiCare Solutions, LLC**

**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
- **W** = Wheelchair
- **S** = Ambulance
- **VS** = Stretcher Van
- **RNS**

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

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>LogistiCare Job # A or B</th>
<th>Member's Name</th>
<th>A</th>
<th>W</th>
<th>S</th>
<th>VS</th>
<th>RNS</th>
<th>Pick-up Time</th>
<th>Drop-Off Time</th>
<th>Will Call Time</th>
<th>Total Trip Mileage</th>
<th>Wait Time</th>
<th>Per Trip Billed Amount</th>
<th>Number of Attendants, Children or Wheelchair</th>
<th>Member's Signature or Attendant's Signature (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**WEEK ENDING:**

**Vehicle Number**

(List last six digits of the VIN)

**Driver's Comments:**

---

**Mail To:**

LogistiCare Claims Department
P.O. Box 248
Norton, VA 24273

---

**Provider Name:**

**Provider ID:**

---

**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:**

---

**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.