



Completed forms are to be submitted through the Modivcare Transpiration Portal at [transportationco.modivcare.com](http://transportationco.modivcare.com).

Week Ending \_\_\_\_\_

**PROVIDER INFORMATION**

Provider Name	Provider ID	Driver Name	State
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The below trips have been previously denied are being resubmitted for reconsideration.

YES  NO

**RECORD OF TRIPS**

	Vehicle VIN (Last 6 digits)	Trip Date	Job # A or B	Member Name	Pick-Up Time	Drop-Off Time	Will Call Time	Total Trip Milage	Late Reason Code (FL ONLY)	Per Trip Billed Amount	Member or Attendants Signature
1											
2											
3											
4											
5											
6											
7											
8											

**\*\*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.

**Driver Comments:** \_\_\_\_\_

**West Virginia Beginning and Ending Odometer Readings**

	Beginning Odometer	Ending Odometer		Beginning Odometer	Ending Odometer
1			5		
2			6		
3			7		
4			8		

In the above, trips in the state of WV, provide the beginning and ending odometer readings for the corresponding number trip listed under RECORD OF TRIPS.

**SIGNATURE OF ACCURACY**

I understand that Modivcare 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 Signature

\_\_\_\_\_  
Print Driver/Provider's Name (as it appears on driver's license)

\_\_\_\_\_  
Driver's License Number