SOUTHEASTRANS

Indiana Trip Reimbursement Form

□ Indiana Family and Social Service Administration

NET Provider:	License Plate:	Complete Vehicle Odometer:	Last Four of VIN:	SETI Inspection Decal Number:	Submit forms to: Southeastrans Claims 4751 Best Rd, Ste. 300 Atlanta, GA 30337
Date:	Driver's Name:		Driver's Signature:	Monitor or Attendant Name:	

All information must be true and accurate under penalty of violation of State or Federal Medicaid laws and regulations.

Member Name		Pick-Up Time	Drop-Off Time	MBR Ride Share	Member Signature (or Medical Provider)	Escort Name	Escort's Relationship	For Office Use Only
Leg ID Number	Special Rate Authorization	Pick-Up Odometer	Drop-Off Odometer	Transport Code	Provider Comments:		Trip Status	
Name:				Y N				
Leg ID Number:				A W	Provider Comments:		C NS	
Name:		:	:	Y N	X			
Leg ID Number:				A W	Provider Comments:		C NS	
Name:		:	:	Y N	X			
Leg ID Number:				A W	Provider Comments:		C NS	
Name:		:	:	Y N	X			
Leg ID Number:				A W	Provider Comments:		C NS	
Name:		:	:	Y N	X			
Leg ID Number:				A W	Provider Comments:		C NS	
Name:		:	:	Y N	X			
Leg ID Number:				A W	Provider Comments:		C NS	
Name:		:	:	Y N	X			
Leg ID Number:				A W	Provider Comments:		C NS	

Member Ride Share: Y-Yes N-No **Transport Codes**: A-Ambulatory, W-Wheelchair Status Codes: C-Cancel, NS-No Show Revised 4/2018