



# Indiana Trip Reimbursement Form

NET Provider:		Complete Vehicle Odometer:	Last Four of VIN:	License Plate/Tag Number:		Submit forms to Verida Claims 843 Dallas HWY Villa Rica, GA 30180
Date:	Driver's Name:		Driver's Signature:		Monitor or Attendant Name:	

**The use of White-Out, Correction Fluid, or Correction Tape is not allowed on this form**

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

Member's Name As listed on the manifest		Pick-Up Time	Drop-Off Time	MBR Call Time	Member's Signature (or Medical Provider)	Escort Name	Escort's Relationship	For Office Use Only
Leg ID Number	Client	Pick-Up Odometer	Drop-Off Odometer	Transport Code	Provider Comments:	Trip Status		

Name:	:	:	:				
Leg ID Number:			A W S	Provider Comments:		C NS	

Name:	:	:	:	X			
Leg ID Number:			A W S	Provider Comments:		C NS	

Name:	:	:	:	X			
Leg ID Number:			A W S	Provider Comments:		C NS	

Name:	:	:	:	X			
Leg ID Number:			A W S	Provider Comments:		C NS	

Name:	:	:	:	X			
Leg ID Number:			A W S	Provider Comments:		C NS	

Name:	:	:	:	X			
Leg ID Number:			A W S	Provider Comments:		C NS	

Name:	:	:	:	X			
Leg ID Number:			A W S	Provider Comments:		C NS	

Transport Codes: A-Ambulatory, W-Wheelchair, S-Stretcher

Status Codes: C-Cancel, NS-No Show

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