



## Indiana Provider Daily Trip Log

**Provider / Facility Name:**

**Week Ending:**

**Driver Name (as it appears on the Driver's License):**

**Vehicle Number (last 6 digits of VIN):**

Date of Service	Booking ID	Level of Service (A / W)	Member's Name	Pick-Up Time	Drop-Off Time	Mileage Per Leg	Approved Additional Fees	Member's Signature	Member Unable to Sign UTS?

“Leg” of a transport is the point of pick-up to the destination. **Example:** Picking a member up at residence and transporting them to the doctor’s office would be considered the first leg of the trip. Picking the same member up at the doctor’s office and transporting them back to their 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 driver log submitted. Pick-up and drop-off times must be documented and in military time for compliance purposes.

I understand that WellTrans will verify the accuracy of the mileage being reported and I hereby certify that all trips on this log have been completed as per the WellTrans Manifest.

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Driver / Facility Staff

Print Name

Position

