modivcare

FL MILEAGE REIMBURSEMENT TRIP LOG AND INVOICE INSTRUCTIONS

DRIVER INFORMATION

Driver's Name		Driver's Address (Street)		
John Doe		**1234 Main St.**		
Driver's License #	Driver's License State	City	State	Zip Code
ABC123	**CO**	**Anywhere**	**CO**	**12345**

SIGNATURE OF DRIVER

I confirm by sending this driver log to agree I have a current, valid, and unrestricted driver's license; that the vehicle used to perform services has passed all state tests and is currently state registered and insured according to the laws and regulations of the state to which is registered.

x John Doe
Signature

06/15/2022
Date

Select yes if trips are recurring.

Select each day the trip reoccurs, if applicable.

RECORD OF TRIPS

Each date of service must have a physician or clinician signature and will be reviewed with the physician's office before payments will be made.

Is Trip a Standing Order? [x] Yes [ ] No

Standing Order Days Traveled Weekly [ ] S [x] M [ ] T [x] W [ ] Th [x] F [ ] S

	Trip Date	Trip Number	Total Miles	Provider Name	Provider Phone Number	Physician / Clinician Signature
1	**01/01/2022**	**12564**	**15**	**Dr. Jane Smith**	**123-555-5555**	Jane Smith, MD
2						
3						
4						
5						

This number is provided at the time of reservation with Modivcare.

MEMBER INFORMATION

ID can be found on members health insurance card

Relationship to Member	Member ID
Spouse	**987654321**

SIGNATURE OF MEMBER

I hereby agree the above information is true and correct. I have also received, read and agreed to the gas reimbursement guidelines.

X Jane Doe
Member Signature

Jane Doe
Member Name (Print)

Completed forms can be submitted to:

Mail
798 Park Avenue NW, Norton, VA 24273

Fax
866-528-0462

Email
Virginia.billingoperations@modivcare.com

aetna · Community Care Plan The Health Plan with a Heart · sunshine health · Simply healthcare · Humana · Staywell · WellCare Beyond Healthcare. A Better You. · United Healthcare · CLEAR HEALTH ALLIANCE