

MILEAGE REIMBURSEMENT TRIP LOG AND INVOICE INSTRUCTIONS

DRIVER INFORMATION

וט	INIVER HAI OINIV	IATION							
Driver's Name					Driver's Address (Street)				
Jo	hn Doe				1234 Main 9	it.			
Driver's License # Driv			Driver's Lice	Driver's License State		City		Zip Code	
ABC123 CO			Anywh			СО	12345		
SI	GNATURE OF I	DRIVER							
	• •		_		•			l to perform services has passed al	
st	ate tests and is	s currently state r	egistered and	insured according	g to the laws a	nd regulations of	of the state to	which is registered.	
X	John Doe				06/15/2022				
Signature Select yes if trips are recurring.					Date Select each day the trip reoccurs, if applic				
RI	ECORD OF TRIE		21 / C3 // C/ I/P3 U/	2.200.111181					
Ea	ach date of ser	vice must have a	physician or c	linician signature	and will be rev	viewed with the	physician's of	ffice before payments will be mad	
	Trip a Standing			_	rder Days Trav		X M T X W Th X		
	-								
	Trip Date	Trip Number	Total Miles	Provider Name	Prov	ider Phone Num	nber	Physician / Clinician Signature	
1	01/01/2022	12564	15	Dr. Jane Sm	nith	123-555-5	555	Jane Smith, MD	
2									
		This number is provided at the time of							
3		reservation with Modivcare.							
4									
5									
Э									
			7-010 from the Cal	lifornia Department of H	Health Care Service	s, Medi-Cal beneficia	ries who drive the	mselves to their appointment are NOT eligibl	
mile	eage reimbursemen	t				Mem	nher ID can be f	found on medical ID card.	
M	IEMBER INFOR	MATION				·VICII	ibe. 15 carrier	is and confined card.	
Relationship to Member Spouse Member Name					Jack Johnson	1	Member ID	987654321	
SI	GNATURE OF	MEMBER							
_			ation is true a	nd correct. I have	also received.	read and agree	d to the gas re	eimbursement guidelines.	
	Jane Dre				Jane Doe	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	lember Signatu	ıre			Member Name (Print)				
	•	can be submitted	d to:			- (
	1.	venue NW Nort		Fax: 866-52	28-0462	Email: Virginia	hillingonerati	ons@modivcare.com	

Please allow 4-6 weeks for payment to be processed. For questions about your claim, call 1-800-930-9060.