

DRIVER INFORMATION

Driver's Name		Driver's Address (Street)		
Driver's License #	Driver's License State	City	State	Zip Code

SIGNATURE OF DRIVER

I confirm by, sending this log to agree I have current auto insurance; I have a valid state license; the vehicle used to perform services has passed all state tests; I have not been found guilty of felony of controlled substances; I have not been found guilty of more than two moving violations, operating while intoxicated, and/or driving under the influence within the past two years.

X _____
 *Signature Date

*For Michigan drivers, by signing above, you agree that you are not excluded from participating from any federal health care program or listed on the MDHHS sanctioned provider list or US Department of Health and Human Services exclusion list.

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? Yes No Standing Order Days of Traveled Weekly S M T W Th F S

	Trip Date	Trip Number	Total Miles	Provider Name	Provider Phone Number	Physician / Clinician Signature
1						
2						
3						
4						
5						

*For California members: Per All Plan Letter 17-010 from the California Department of Health Care Services, Medi-Cal beneficiaries who drive themselves to their appointment are NOT eligible for mileage reimbursement.

MEMBER INFORMATION

Relationship to Member	Member Name	Member ID
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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 _____
 Member Signature Member Name (Print)

Completed forms can be sent to:

Mail: 798 Park Avenue NW, Norton, VA 24273 **Fax:** 866-528-0462 **Email:** support.claims@modivcare.com

For questions about your claim, call 1-800-930-9060.



MILEAGE REIMBURSEMENT TRIP LOG AND INVOICE INSTRUCTIONS

DRIVER INFORMATION

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

SIGNATURE OF DRIVER

I confirm by, sending this log to agree I have a current, valid, and open 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

06/15/2022

Signature

Select yes if trips are recurring.

Date

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? Yes No Standing Order Days Traveled Weekly S M T W Th 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.

*For California members: Per All Plan Letter 17-010 from the California Department of Health Care Services, Medi-Cal beneficiaries who drive themselves to their appointment are NOT eligible for mileage reimbursement

Member ID can be found on medical ID card.

MEMBER INFORMATION

Relationship to Member Spouse	Member Name Jane Doe	Member ID 987654321
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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

Jane Doe

Member Signature

Member Name (Print)

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