NEMT AHCCCS Provider ID, Name, Address, and Phone Number

AHCCCS DAILY TRIP REPORT

AHCCCS

Arizona Health Care Cost Containment System

Driver's Name: _____

Date: _____

Vehicle License/Fleet ID: _____

Vehicle Make & Color: _____

Vehicle Type: ☐ Wheelchair Van ☐ Taxi ☐ Bus
☐ Stretcher Car ☐ Other (List type) _____

* One Daily Trip Report Per Member, Per Day

AHCCCS #: _____ Date of Birth: _____

Member Name: _____ Mailing Address: _____

1st Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)		Pick-Up Time	Pick-Up Odometer	
		a.m./p.m.		
1st Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)		Drop-Off Time	Drop-Off Odometer	Trip Miles
		a.m./p.m.		

Type of Trip: One Way _____ Multiple Stops _____

* For Round Trip Transportations please fill out the 1st Pick-Up and Drop-Off Location and the 2nd Pick-Up and Drop-Off Location fields.

Reason for Visit: _____

Name of Escort: _____ Relationship: _____

2nd Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)		Pick-Up Time	Pick-Up Odometer	
		a.m./p.m.		
2nd Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)		Drop-Off Time	Drop-Off Odometer	Trip Miles
		a.m./p.m.		

Type of Trip: Round Trip _____ One Way _____ Multiple Stops _____

Reason for Visit: _____

Name of Escort: _____ Relationship: _____

3rd Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)		Pick-Up Time	Pick-Up Odometer	
		a.m./p.m.		
3rd Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)		Drop-Off Time	Drop-Off Odometer	Trip Miles
		a.m./p.m.		

Type of Trip: Round Trip _____ One Way _____ Multiple Stops _____

Reason for Visit: _____

Name of Escort: _____ Relationship: _____

AHCCCS #: _____ Date of Birth:_____

Member Name: _____

4th Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
	a.m./p.m.		
4th Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trip Miles
	a.m./p.m.		

Type of Trip: Round Trip _____ One Way _____ Multiple Stops _____

Reason for Visit: _____

Name of Escort: _____ Relationship: _____

5th Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
	a.m./p.m.		
5th Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trip Miles
	a.m./p.m.		

Type of Trip: Round Trip _____ One Way _____ Multiple Stops _____

Reason for Visit: _____

Name of Escort: _____ Relationship: _____

6th Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
	a.m./p.m.		
6th Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trip Miles
	a.m./p.m.		

Type of Trip: Round Trip _____ One Way _____ Multiple Stops _____

Reason for Visit: _____

Name of Escort: _____ Relationship: _____

Did multiple members get transported in the same vehicle on this trip? ☐ Yes ☐ No

   If the above answer is yes, were the pick-up and drop-off locations different for the members? ☐ Yes ☐ No

Additional Information:_____

Member Signature: _____

☐ Member is unable to sign. Identify the person signing for the member **or** include member's fingerprint.

_____

(Attendant / Escort / Guardian / Parent / Provider)   Member Fingerprint

This is to certify that the information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

Driver Signature: _____ Date: _____