

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

999999
Our Transportation Company
5555 Brown Street, Gilbert, AZ 85000
602-333-3333

AHCCCS DAILY TRIP REPORT

Driver's Name: Steve Smith
 Date: 1/1/2024
 Vehicle License/Fleet ID: WYT555/SS007
 Vehicle Make & Color: Ford/White
 Vehicle Type: Wheelchair Van Taxi Bus
 Stretcher Car Other (List type) _____

* One Daily Trip Report Per Member, Per Day

AHCCCS #: A0000000 Date of Birth: 1/1/1980
 Member Name: Ryan Bell Mailing Address: 1234 N. North Street, Mesa, AZ 85000

1st Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
<u>1234 N. North Street, Mesa, AZ 85000</u>	<u>8:14 a.m./p.m.</u>	<u>10,000</u>	
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
<u>8100 S. Main Street, Phoenix, AZ 85001</u>	<u>9:12 a.m./p.m.</u>	<u>10,043</u>	<u>43</u>

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: Counseling Appointment

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	
<u>8100 S. Main Street, Phoenix, AZ 85001</u>	<u>10:08 a.m./p.m.</u>	<u>10,088</u>	
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
<u>1234 N. North Street, Mesa, AZ 85000</u>	<u>10:42 a.m./p.m.</u>	<u>10,131</u>	<u>43</u>

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

Reason for Visit: Counseling Appointment

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	
	<u>a.m./p.m.</u>		
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
	<u>a.m./p.m.</u>		

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

Reason for Visit: _____

Name of Escort: _____ Relationship: _____

AHCCCS #: A00000000

Date of Birth: 1/1/1980

Member Name: Ryan Bell

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: Ryan Bell 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: Steve SmithDate: 1/1/2024
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