

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

AHCCCS ID: 181294
NAME: GREAT VALUES TRANSPORTATION
ADDRESS: 5723 W. PUEBLO AVE PHOENIX
85043-6404
PHONE: 480-678-9426

AHCCCS DAILY TRIP REPORT

Driver's Name: _____

Date: _____

Vehicle License/Fleet ID: A2A843 _____

Vehicle Make & Color: FORD _____

Vehicle Type: ☐ Wheelchair Van ☐ Taxi ☐ Bus

☐ Stretcher Car ☒ Other (List type) MINI-VAN

* 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 _____

Reason for Visit: _____

Name of Escort: _____ Relationship: _____

* 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.

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: _____

Member Name: _____

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: _____			

☐ Yes ☐ No

☐ Yes ☐ No

Additional Information: _____

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

Member Fingerprint

Date: 03/25/25

page of