



MedTrans Express Inc.
Provider ID 160823,
4141 W Linda Ln,
Chandler, AZ 85226
(480)-604-8450

AHCCCS DAILY TRIP REPORT

Driver's Name: _____
Date: 01/19/2024
Vehicle License/Fleet ID: _____
Vehicle Make & Color: _____
Vehicle Type: Wheelchair Van Taxi Bus
 Stretcher Car Other (List type) Mini Van

* One Daily Trip Report Per Member, Per Day

AHCCCS #: A62130082 Date of Birth: 05/25/1993

Member Name: ROBIN RIVERA Mailing Address: 20128 N MADISON DR, MARICOPA AZ 85138

1st Pick-Up Location	Pick-Up Time	Pick-Up Odometer	
20128 N MADISON DR, MARICOPA AZ	07:37 a.m / p.m	248799	
1st Drop-Off Location	Drop-Off Time	Drop-Off Odometer	Trip Miles
711 E COTTONWOOD LN, CASA GRANDE AZ	08:31 a.m / p.m	248832	22

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: Life skills & Development

Name of Escort: _____ Relationship: _____

2nd Pick-Up Location	Pick-Up Time	Pick-Up Odometer	
711 E COTTONWOOD LN, CASA GRANDE AZ	01:58 a.m / p.m	219115	
2nd Drop-Off Location	Drop-Off Time	Drop-Off Odometer	Trip Miles
20128 N MADISON DR, MARICOPA AZ	03:37 a.m / p.m	219190	22

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

Reason for Visit: Life skills & Development

Name of Escort: _____ Relationship: _____

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

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: 01/19/2024

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