

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

## AHCCCS DAILY TRIP REPORT

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: \_\_\_\_\_  
page \_\_\_\_ of \_\_\_\_