



PACIFICSOURCE COMMUNITY SOLUTIONS MILEAGE REIMBURSEMENT TRIP LOG

Must be sent to: **LogistiCare Claims Department**  
**2552 West Erie Drive, Suite 101**  
**Tempe, AZ 85282-3100**  
**Phone: (877)564-5665**  
**Fax: (866) 420-6297**

**DRIVER NAME:** Jeremy Guill

**RELATIONSHIP TO MEMBER:** Self

**DRIVER MAILING ADDRESS:** 2408 SW Oakwood Drive

**DRIVER PHONE #:** 503-990-4832

**CITY/STATE/ZIP:** Dallas, Oregon 97338

**MEMBER NAME (If different from Driver):** Jeremy Guill

**MEMBER ID#:** CJ68580C

Trip Date	Trip #	Medical Provider Name & Phone #	To Address	From Address	Physician/Clinician Signature*
		Name:			
		Phone #:			
		Name:			
		Phone #:			
		Name:			
		Phone #:			
		Name:			
		Phone #:			
		Name:			
		Phone #:			

\*Each date of service must have a physician or clinician signature in order for reimbursement to be approved. NOTE: Each trip will be confirmed with the physician's office before payments will be made. Please call Logisticare 2 days in advance to schedule a reservation and receive your trip number. You will not be reimbursed for requests received more than 45 days after the travel. Reimbursement is not based on round trip, you must record both ways separately.

Do not write in this space.

Total mileage to be paid: \_\_\_\_\_ Total amount for this invoice: \_\_\_\_\_ Batch #: \_\_\_\_\_ Batch date: \_\_\_\_\_

I hereby certify that the information contained herein is true, correct and accurate and that there was no other reasonable option of transportation available

**Signature** Jeremy Guill  
(Member's Signature)