

CLAIMS REVIEW COVER SHEET

DATE : 02/01/2022 STATE : GA REGION or CONTRACT : North DCH

PROVIDER NAME : Reliable Medical Transport

MOBILE DEVICE ISSUE :

DATE REPORTED TO SOUTHEASTRANS : 02/28/2022

SETI REP : Jody Boyer

DENIAL DATE(S) :

FAX TO : RECONCILIATION DEPARTMENT
678-510-1352


OR

EMAIL: GAclaims@southeastrans.com
TNclaims@southeastrans.com
DCclaims@southeastrans.com
ARclaims@southeastrans.com

NUMBER OF PAGES : 3

ISSUE/COMMENTS :

Please process attached TRFs. Thank you.

Signature :  Print : Art Atif Meraj


The re-submission does not guarantee payment. The trips will be processed according to the Southeastrans processing guidelines. Your signature attests that all information is true and accurate under penalty of violation of State and Federal Medicaid laws and regulations.



DCH Trip Reimbursement Form

☐ Atlanta Region DCH

☐ North Region DCH

NET Provider: Reliable Medical Transport	License Plate #: RWD4224	Complete Vehicle Mileage: 102957	Last Four of VIN: 3257	SETI Inspection Decal Number: 7999	Submit forms to: Southeastrans Claims 4751 Best Rd, Ste. 300 Atlanta, GA 30337
Date of Service: 02/01/2022	Driver Name: Jeremy Williams	Driver Signature 		Escort/Monitor/Attendant Name	

The use of White-Out, Correction Fluid, or Correction Tape is not allowed on this form
All information must be true and accurate under penalty of violation of State or Federal Medicaid laws and regulations

Member Name	Special Rate Authorization	Pick-Up Time	Drop-Off Time	MBR Call Time	Member Signature (or Medical Provider)	Escort Name	Escorts Relationship	For Office Use Only
Leg ID Number		Pick-Up Mileage	Drop-Off Mileage	Transport Code	Provider Comments:	Trip Status		
Member Name: Hennings, Delia		0834	0848	0834	DA			
Leg ID Number: 20129770	<input type="checkbox"/> Special Rate	102957	102964	A	Provider Comments:			
Member Name: LITTLEBRANT JR, ERWIN J		0839	0848	0840	EL			
Leg ID Number: 20130195	<input type="checkbox"/> Special Rate	102962	102964	A	Provider Comments:			
Member Name: Greenhill, Mary		0931	0951	0933	MS			
Leg ID Number: 20131179	<input type="checkbox"/> Special Rate	102971	102980	A	Provider Comments:			
Member Name: WYATT, RAYMOND L		1024	1057	1029	RW			
Leg ID Number: 20174640	<input type="checkbox"/> Special Rate	102988	103003	A	Provider Comments:			
Member Name: GORDON , GENEVA		1247	1300	1300				
Leg ID Number: 20169928	<input type="checkbox"/> Special Rate			A	Provider Comments:			
Member Name: WYATT, RAYMOND L		1250	1323	1255	RW			

Transport Codes: A-Ambulatory, W-Wheelchair, S-Stretcher, AMB-Ambulance


Status Codes: C-Cancel , NS-No Show

Revised 11/2017



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Leg ID Number		Pick-Up Mileage	Drop-Off Mileage	Transport Code	Provider Comments:		Trip Status	


Leg ID Number: 20174641	<input type="checkbox"/> Special Rate	103033	103048	A	Provider Comments:		
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


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Leg ID Number		Pick-Up Mileage	Drop-Off Mileage	Transport Code	Provider Comments:		Trip Status	
Member Name: GORDON , GENEVA		1301	1314	1313				
Leg ID Number: 20169928	<input type="checkbox"/> Special Rate	103039	103039	A	Provider Comments: Driver waited for 10 Minutes!		NS	
Member Name: Greenhill, Mary		1358	1420	1400				
Leg ID Number: 20131180	<input type="checkbox"/> Special Rate	103065	103073	A	Provider Comments:			
Member Name: LITTLEBRANT JR, ERWIN J		1505	1516	1506				
Leg ID Number: 20130196	<input type="checkbox"/> Special Rate	103059	103061	A	Provider Comments:			
Member Name: Hennings, Delia		1523	1541	1524				
Leg ID Number: 20129771	<input type="checkbox"/> Special Rate	103068	103075	A	Provider Comments:			

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Revised 11/2017