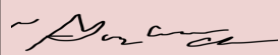



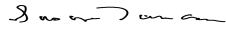



Driver Log

Company Name ANGIE'S TAXI Driver's Printed Name Angel Roche

Date of Service 06/22/2021 Full VIN # Test Driver's License # (State) Test

Trip #	Member/Escort Name:	Level Of Service	Scheduled P/U Time	Actual P/U Time	Drop off time	Mileage	Signature	No Show
33472207T	GARY CHURCH	LIV	0800	0328	0328	0.01		
33587069T	VERNA BROOKS	LIV	1200	0841	0842	0		
33472207R	GARY CHURCH	LIV	2100	0924	0924	0		
33541924T	PATRICIA ROBINSON	LIV	1030	1015	1039	11.49		
33527047T	SUSAN DUNCAN	LIV	0945	1048	1202	12.61		
33527047R	SUSAN DUNCAN	LIV	2100	1114	1136	1.33		

I understand that Access2Care will verify the above information and I certify the information is true, correct, and accurate.


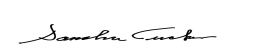


Driver's Signature 

* In compliance with HIPAA this form should not contain any PHI (Personal Health Information). If PHI is added to this form it must be handled appropriately and within HIPAA guidelines.

Driver Log

Company Name ANGIE'S TAXI Driver's Printed Name Angel Roche

Date of Service 06/22/2021 Full VIN # Test Driver's License # (State) Test

Trip #	Member/Escort Name:	Level Of Service	Scheduled P/U Time	Actual P/U Time	Drop off time	Mileage	Signature	No Show
33541924R	PATRICIA ROBINSON	LIV	2100	1139	1200	11.76		
33584742T	SANDRA TUCKER	LIV	1330	1317	1344	15.08		
33591259T	JESSICA BALLIEN	LIV	1400	1403	1422	7.53		
33484271R	JOSEPH ALBAIR III	LIV	2100	1440	1440	0		

I understand that Access2Care will verify the above information and I certify the information is true, correct, and accurate.

Driver's Signature 

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