

Exhibit 14-2

Non-emergency Medical Transport Daily Trip Report Instructions

Effective 7/1/2013 AHCCCS requires the use of this standard Daily Trip Report format. The upper left area of the form is for the Provider's name and demographic information.

The drivers must print clearly. Illegible Daily Trip Reports may result in audit error and recoupment.

Original Daily Trip Reports must be completed in pen. If an error is made, draw a single line through the error and print the correct information.

If a recipient's transport has more than one "stop" or destination, then each trip must be fully documented.

For example:

Recipient is picked up at home and transported to the doctor's office (1st trip).

The doctor gives the recipient a prescription for medication.

The recipient is transported from the doctor's office to Walgreen Pharmacy (2nd trip)

Recipient is returned home (3rd trip)

The Daily Trip Report would have 3 trips documented as indicated.

Letterhead box: must have provider's complete information

Driver name: print full name

Date: indicate the day of the week (Sa Su M T W Th F) and the month/day/year

Vehicle #: license plate # and state (If Provider requires make/model/color details, use space below)

NOTE: if driver uses a 2nd vehicle for same date of service use a new Daily Trip Report and indicate (at the bottom right) the page number detail. All pages become the *complete* Daily Trip Report for **the transport services, for that recipient, on that service date.**

Name: print the AHCCCS recipient's full name

Pick-up time: clock time including the AM/PM indicator (example: 4:12 AM)

Pick-up Odometer: document the actual odometer reading at the pick-up location

Drop-off time: clock time including the AM/PM indicator (example: 4:46 AM)

Drop-off Odometer: document the actual odometer reading at the drop-off location

Trip miles: subtract the pick-up odometer reading from the drop-off odometer reading= trip miles

Pick-up physical address: full address or detailed directions, including name of the village/town

Drop-off physical address: full name and address, including name of village/town

Type of trip: check the appropriate type

AHCCCS ID#: the recipient's ID number

Mailing address: recipient's full mailing address

Reason for Visit: only as much information as the recipient is willing to share

Name of Escort: if recipient is traveling with a parent/guardian or attendant, print their full name

Relationship: indicate the Escort's relationship to the recipient

Driver's Signature: each page must be signed and dated

Page ____ of ____: indicate each page number and the total number of pages used to document all transports for this driver, this service date.