	<u>_</u>		<u> </u>	
NEMT AHCCCS Provider ID, Name, Address, and Phone Number	AHCCCS DAILY TR	IP REPOP	RT Arizon	Health Care Cost Containment System
	Driver's Name:	-		
	Date:			
	Vehicle License/Fleet II			
	Vehicle Make & Color:			
			Taxi	Bus
* One Daily Trip Report Per Member, Per Day	Vehicle Type: U Stretcher Car O			
AHCCCS #: Date o	f Birth:			
Member Name: Mailing	Address:			
1st Pick-Up Location (Physical Address, City, & Zip Code or Geog	raphical	Pick-Up	Pick-Up	
Coordinates/Landmark if No Address Available)		Time	Odometer	
1 at Dran Off Lagatian (Dhugian) Address City, 9 7in Cade or Case	avanhiaal	a.m./p.m.	Drop Off	
1st Drop-Off Location (Physical Address, City, & Zip Code or Geog Coordinates/Landmark if No Address Available)	graphical	Drop-Off Time	Drop-Off Odometer	Trip Miles
		TITIC	Juometel	
		a.m./p.m.		
	* For Round Trip Tran	sportations	please fill o	out the 1st
Type of Trip: One Way Multiple Stops	Pick-Up and Drop-Off	•	•	
, , , , , , , , , , , , , , , , , , ,		Off Location		
		Location	inclusi	
Reason for Visit:				
	Relationship:			
2nd Pick-Up Location (Physical Address, City, & Zip Code or Geog	graphical	Pick-Up	Pick-Up	
Coordinates/Landmark if No Address Available)		Time	Odometer	
		a.m./p.m.		
2nd Drop-Off Location (Physical Address, City, & Zip Code or Geo	graphical	Drop-Off	Drop-Off	
Coordinates/Landmark if No Address Available)		Time	Odometer	Trip Miles
		,		
		a.m./p.m.		
Type of Trip: Round Trip One Way Multiple Stops				
Deserve for Misike				
Reason for Visit:				
Name of Escort: F	Relationship:			
Name of Escort: F		Diskuta		
Name of Escort: F 3rd Pick-Up Location (Physical Address, City, & Zip Code or Geog		Pick-Up	Pick-Up	
Name of Escort: F		Pick-Up Time	Pick-Up Odometer	
Name of Escort: F 3rd Pick-Up Location (Physical Address, City, & Zip Code or Geog Coordinates/Landmark if No Address Available)	raphical	•	Odometer	
Name of Escort:	raphical	Time a.m./p.m. Drop-Off	Odometer Drop-Off	Trin Miles
Name of Escort: F 3rd Pick-Up Location (Physical Address, City, & Zip Code or Geog Coordinates/Landmark if No Address Available)	raphical	Time	Odometer	Trip Miles
Name of Escort:	raphical	Time a.m./p.m. Drop-Off	Odometer Drop-Off	Trip Miles
Name of Escort:	graphical	Time a.m./p.m. Drop-Off Time	Odometer Drop-Off	Trip Miles
Name of Escort:	graphical	Time a.m./p.m. Drop-Off Time	Odometer Drop-Off	Trip Miles
Name of Escort:	graphical	Time a.m./p.m. Drop-Off Time	Odometer Drop-Off	Trip Miles
Name of Escort:	graphical	Time a.m./p.m. Drop-Off Time	Odometer Drop-Off	Trip Miles

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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	Pick-Up	Pick-Up	
Coordinates/Landmark if No Address Available)	Time	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	Pick-Up	Pick-Up	
Coordinates/Landmark if No Address Available)	Time	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? If the above answer is yes, were the pick-up and drop-off locations different for the members? Additional Information:	[Yes 🗌	No
Member Signature:			
\Box Member is unable to sign. Identify the person signing for the member <u>or</u> include member's find	erprint.		
(Attendant / Escort / Guardian / Parent / Provider)		Member F	ingerprint
This is to certify that the information is true, accurate and complete. I understand that payment ar will be from Federal and State funds, and that any false claims, statements or documents, or concernate may be prosecuted under applicable Federal or State laws.			

Driver Signature:	 Date:		
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