

NEMT AHCCCS Provider ID, Name, Address, and Phone Number

999999
 Our Transportation Company
 5555 Brown Street, Gilbert, AZ 85000
 602-333-3333

AHCCCS DAILY TRIP REPORT

Driver's Name: Steve Smith
 Date: 1/1/2024
 Vehicle License/Fleet ID: WYT555/SS007
 Vehicle Make & Color: Ford/White
 Vehicle Type: Wheelchair Van Taxi Bus
 Stretcher Car Other (List type) _____

* One Daily Trip Report Per Member, Per Day

AHCCCS #: A0000000 Date of Birth: 1/1/1980
 Member Name: Ryan Bell Mailing Address: 1234 N. North Street, Mesa, AZ 85000

1st Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
1234 N. North Street, Mesa, AZ 85000	8:14 a.m./p.m.	10,000	
1st Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trip Miles
8100 S. Main Street, Phoenix, AZ 85001	9:12 a.m./p.m.	10,043	43

Type of Trip: One Way _____ Multiple Stops _____

* For Round Trip Transportations please fill out the 1st Pick-Up and Drop-Off Location and the 2nd Pick-Up and Drop-Off Location fields.

Reason for Visit: Counseling Appointment
 Name of Escort: _____ Relationship: _____

2nd Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
8100 S. Main Street, Phoenix, AZ 85001	10:08 a.m./p.m.	10,088	
2nd Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trip Miles
1234 N. North Street, Mesa, AZ 85000	10:42 a.m./p.m.	10,131	43

Type of Trip: Round Trip One Way _____ Multiple Stops _____

Reason for Visit: Counseling Appointment
 Name of Escort: _____ Relationship: _____

3rd 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.		
3rd 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: _____

AHCCCS #: A00000000 Date of Birth: 1/1/1980
 Member Name: Ryan Bell

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 Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up 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 Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up 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? Yes No
 If the above answer is yes, were the pick-up and drop-off locations different for the members? Yes No

Additional Information: _____

Member Signature: Ryan Bell

Member is unable to sign. Identify the person signing for the member **or** include member's fingerprint.

 (Attendant / Escort / Guardian / Parent / Provider)



Member Fingerprint

This is to certify that the information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

Driver Signature: Steve Smith

Date: 1/1/2024