



DAILY TRIP LOG

Mail Invoices to:
LogisticareSolutions
Wisconsin/Illinois/Ohio
Claims 2552
West Erie Drive
Suite 101
Tempe, AZ 85282

A Tec Ambulance

Provider Name: _____

WEEK ENDING: _____

DRIVER'S NAME (as it appears on drivers license) _____

Vehicle Number (Last six of the VIN) _____

License Plate Number _____

Date of Service	LogistiCare Job # A or B	Recipient's Name	A W	Pick-up Time	Drop-Off Time	Total Trip Mileage	Recipient's Signature	Amount

****NOTE** Leg of transport** --a leg of transport is the point of pick-up to the destination. Example: Picking recipient up at residence and transporting to the doctor's office would be considered one leg; picking the recipient up at the doctor's office and transporting back to residence is another

Driver's Comments:

I understand that LogistiCare. will verify the accordance of the mileage being reported and I hereby certify the information herein is true, correct, and accurate.

DRIVER'S SIGNATURE: _____

A _____

W _____

S _____

A Tec run # _____