

NON-MEDICAL TRANSPORTATION –per trip 5123:2-9-18 For Non-Modified or under 5 passenger Vehicles

Provider: _____ Provider#: _____ Vehicle License#: _____ Month: _____ Year: _____

Date	Individual served	Pick up Time	Drop off Time	Billing Units (Trips)	Medicaid #	Other Paid Staff or Riders
6/1/2022	Martha Dogooder	8:40a	9:00a	1	10851111333	
6/1/2022	Martha Dogooder	2:00p	2:30p	1	"	
6/2/2022	Martha Dogooder	8:30a	8:55a	1	"	
6/2/2022	Martha Dogooder	2:05p	2:40p	1	"	
6/3/2022	Martha Dogooder	8:40a	9:00a	1	"	
6/3/2022	Martha Dogooder	2:00p	2:30p	1	"	
Or you could do this:						
6/1/2022	Martha Dogooder	8:30a/2:05p	8:55a/2:35p	2	"	
6/2/2022	Martha Dogooder	8:40a/2:00p	9:00a/2:30p	2	"	
6/3/2022	Martha Dogooder	8:30a/2:00p	8:55a/2:30p	2	"	

Driver’s Signature: _____