



Mail to:
LogistiCare Claims Department
798 Park Avenue NW
Norton, VA 24273

TRIP LOG

Driver name: _____ Member name: _____
 Driver address: _____ Member ID _____
 City: _____ State: _____ Zip Code: _____ Driver relationship to member: _____
 Driver phone: () _____

DATE OF TRIP	TRIP NUMBER	DOCTOR NAME AND PHONE NUMBER	PHYSICIAN/CLINICIAN SIGNATURE	NUMBER OF MILES DRIVEN
		Name: Phone:		
		Name: Phone:		
		Name: Phone:		
		Name: Phone:		
		Name: Phone:		
		Name: Phone:		
		Name: Phone:		

Your doctor must sign this form for you to get paid. Your doctor will confirm your visit before you get paid.

_____ No writing below this line _____

Total mileage to be paid:

Total amount for this form:

Batch #:

Batch date:

This information is private. It must not be given to anyone. It is not part of the freedom of information act or open records law.



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This information is available for free in other languages. Please contact our customer service number at 1-866-796-0530, TDD 1-800-955-8770 Monday through Friday, 8 a.m. to 8 p.m. Sunshine Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con nuestro número de servicio al cliente al 1-866-796-0530, TDD 1-800-955-8770 de lunes a viernes, de 8 a.m. a 8 p.m. Sunshine Health cumple con las leyes de derechos civiles federales aplicables y no discrimina basándose en la raza, color, origen nacional, edad, discapacidad, o sexo.

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