TRIP LOG

All requested information for **EACH trip **MUST** be provided to ensure accurate and timely processing. **INCOMPLETE** information may result in non-payment**

Send **completed** form via mail or fax:

MAIL: MNet-ATTN Care Management Department: 1110 Centre Pointe Curve Suite 220, Mendota Heights, MN 55120

FAX: 651-203-1262 **QUESTIONS?** Call 651-645-9254 Ext 8172

*Trip log must be **received** within 10 months of the date of service to be eligible for reimbursement*

Relationship to the recipient who is completing this form: ☐ Self ☐ Parent/Guardian ☐ Licensed Foster Parent - License #: _____ ☐ Other: _____

Receipts Enclosed: ☐ YES ☐ NO ***Please do not staple or tape receipts to the trip log**** **PRIOR approval required for meals and/or lodging**

RECIPIENT INFORMATION: ***(Please write clearly)***

Name: _____

MA #: _____ DOB: _____

Address: _____

City: _____ ZIP: _____

MAKE CHECK PAYABLE TO:

Name: _____ DOB: _____

Address: _____

City: _____ ZIP: _____

Phone #: _____

Date MM/DD/YY	Start **AND** End Time of Appointment	Starting Address If home, write "HOME"	Destination/Facility Info **Name, Address, & Phone #**	Provider Type i.e. family practice, therapy, pediatrician	Round Trip	Signature **AND** Title **from** HealthCare Staff ***(First & Last Name)*** *by signing you certify the patient was seen for an MA Billable Service*
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	
					YES / NO	

I, _____, completed this form and verify that ALL the information on this form is true.

(print name)

Signature: _____ Date: _____

Recipient Name: _____ **MA #:** _____

Date MM/DD/YY	Start **AND** End Time of Appointment	Starting Address If home, write "HOME"	Destination/Facility Info **Name, Address, & Phone #**	Provider Type i.e. family practice, therapy, pediatrician	Round Trip	Signature **AND** Title **from** HealthCare Staff ***(First & Last Name)*** *by signing you certify the patient was seen for an MA Billable Service*
					YES NO	
					YES NO	
					YES NO	
					YES NO	
					YES NO	
					YES NO	
					YES NO	
					YES NO	
					YES NO	