



**NEW JERSEY GAS MILEAGE ATTENDANCE VERIFICATION LOG**

**Must be sent with mileage log to: LogistiCare Claims Department  
798 Park Avenue NW, 4<sup>th</sup> Floor  
Norton, VA 24273**

**MEMBER NAME (If different from Driver):** \_\_\_\_\_

**MEMBER ID#:** \_\_\_\_\_

<b>Trip Date</b>	<b>Trip/Job #</b>	<b>Medical Provider Name &amp; Phone #</b>	<b>Facility Signature*</b>
		Name: Phone #:	
		Name: Phone #:	
		Name: Phone #:	
		Name: Phone #:	
		Name: Phone #:	
		Name: Phone #:	
		Name: Phone #:	

\*Each date of service must have a physician or clinician signature in order for reimbursement to be approved. The facility signature is a confirmation of the member's attendance only and not a verification of the identity of the driver.

NOTE: Each trip will be confirmed with the physician's office before payments will be made.

**I hereby certify the information contained herein is true, correct and accurate. Signature** \_\_\_\_\_