

DRIVER INFORMATION

Driver's Name		Driver's Address (Street)		
Driver's License #	Driver's License State	City	State	Zip Code

SIGNATURE OF DRIVER

I confirm by sending this driver log to agree I have a current, valid, and unrestricted driver's license; that the vehicle used to perform services has passed all state tests and is currently state registered and insured according to the laws and regulations of the state to which is registered.

X _____
Signature **Date**

RECORD OF TRIPS

Each date of service must have a physician or clinician signature and will be reviewed with the physician's office before payments will be made.

Is Trip a Standing Order? Yes No Standing Order Days of Traveled Weekly S M T W Th F S

	Trip Date	Trip Number	Total Miles	Provider Name	Provider Phone Number	Physician / Clinician Signature
1						
2						
3						
4						
5						

MEMBER INFORMATION

Relationship to Member	Member Name	Member ID
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SIGNATURE OF MEMBER

I hereby agree the above information is true and correct. I have also received, read and agreed to the gas reimbursement guidelines.

X _____
 Member Signature Member Name (Print)

Completed forms can be sent to:

Mail: 798 Park Avenue NW, Norton, VA 24273

Fax: 866-528-0462

Email: support.claims@modivcare.com

For questions about your claim, call 1-800-930-9060.

