

BlueRideSM
Incident Report Form



Provider Information

| | | |
|------------------------------|------------------------|-----------------|
| Transportation Provider Name | Owner's Name | Phone Number |
| Email Address | Alternate Phone Number | NPI/UMPI Number |

Member Information

| | | |
|-------------|------------------|-------------------------------|
| Member Name | Member ID Number | BlueRide Authorization Number |
|-------------|------------------|-------------------------------|

Incident Information

| | | |
|---------------------|--------------------------|--------------------------------------|
| Date of Incident | First Name of Driver | Last Name of Driver |
| Vehicle Description | License Plate of Vehicle | MN Driver's License Number |
| Time of Incident | Address of Incident | Police Report Number (if applicable) |

Additional Passenger Information (if applicable)

| | | |
|------------|-----------|------------------|
| First Name | Last Name | Member ID Number |
| First Name | Last Name | Member ID Number |

Detailed Description of the Incident

Return the completed form to BlueRide.

Return via email to Transportation.Liaison@bluecrossmn.com.

Completed forms must be sent to BlueRide within 24 hours of the incident occurrence. Please attach any additional documentation or information regarding the incident.

Signature

Date

Printed Name