



Non-Emergency Medical Transportation (NEMT) Mileage Log

Company and Driver Information

Company Name:		
NPI/UMPI #		Blue Plus Provider ID:
Drivers First Name:		Driver's M.I.
Driver's Last Name:		
Driver's License Number:		
Vehicle Make:	Vehicle Model:	Vehicle Year:
License Plate Number:	Mode of Transportation:	
Is GPS Being Used?	If Yes, Is GPS Hardwired?	
Electronic Mileage Documentation Source:		
BlueRide Confirmation Number:		

Trip Information

Member Name:	
Extra Attendants Name:	
Member ID:	Actual Pick-Up Time:
Pick-Up Address:	
Pick-Up City:	Pick-Up State:
Pick-Up Zip:	Starting Odometer Reading:
Actual Drop-Off Time:	Ending Odometer Reading:
Drop-Off Address:	
Drop-Off City:	Drop-Off Zip:
Total Mileage for Trip:	Direct Mileage for Trip:

Additional Leg Information Only	Actual Pick-Up Time:
Pick-Up Address:	
Pick-Up City:	Pick-Up State:
Pick-Up Zip:	Starting Odometer Reading:
Actual Drop-Off Time:	Ending Odometer Reading:
Drop-Off Address:	
Drop-Off City:	Drop-Off Zip:
Total Mileage for Trip:	Direct Mileage for Trip:

Additional Leg Information Only	Actual Pick-Up Time:
Pick-Up Address:	
Pick-Up City:	Pick-Up State:
Pick-Up Zip:	Starting Odometer Reading:
Actual Drop-Off Time:	Ending Odometer Reading:
Drop-Off Address:	
Drop-Off City:	Drop-Off Zip:
Total Mileage for Trip:	Direct Mileage for Trip:

This mileage log must be retained for 10 years by the transportation provider.

Additional Leg Information Only	Actual Pick-Up Time:
Pick-Up Address:	
Pick-Up City:	Pick-Up State:
Pick-Up Zip:	Starting Odometer Reading:
Actual Drop-Off Time:	Ending Odometer Reading:
Drop-Off Address:	
Drop-Off City:	Drop-Off Zip:
Total Mileage for Trip:	Direct Mileage for Trip:

Driver Attestation of Record

I certify that I have accurately reported in this record the trip miles that I actually drove and the dates and times were driven. I understand misreporting the miles driven and hours worked is fraud for which I could face criminal prosecution and civil proceedings.

Driver's Name Printed

Driver's Signature

Date

Member Attestation of Record

I certify that I received the reported transportation service noted in this mileage log with the driver listed in this log.

Member's Name Printed

Member's Signature

Date

Provider or Facility Attestation of Record

I certify the transportation company's driver delivered the member by the noted transportation in this mileage log. (Only required if member is not able to sign).

Provider/Facility Employee's Name Printed

Provider/Facility Employee's Signature

Date

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