



Non-Emergency Medical Transportation Log

 Provider Name(Company Name)

 Driver's License Number

 VIN

 Driver's Name (as it appears on driver's license)

 License Plate Number

Member Name & ID #	Date of Service	Pick-up Address (Include City)	Pick-up Time	Drop-off Time	Destination Address (Include City)	Recipient Signature	Comments

Driver's Comments:

I attest that this information accurately reflects transports completed. I do hereby certify that this information is true, accurate, and complete to the best of my knowledge.

Driver's Signature: _____ Date: _____