

NEMT AHCCCS Provider ID, Name, Address, and Phone Number



**RAINBOW TREATMENT CENTER**  
**302 WEST PONDEROSA DRIVE,**  
**WHITERIVER, AZ 85941**  
**(928)338-4858**  
**RTC DISPATCH: (928 )338-2490**

**AHCCCS DAILY TRIP REPORT**

Driver's Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Vehicle License/Fleet ID: \_\_\_\_\_  
 Vehicle Make & Color: \_\_\_\_\_  
 Vehicle Type:  Wheelchair Van  Taxi  Bus  
 Stretcher Car  Other (List type) \_\_\_\_\_

\* One Daily Trip Report Per Member, Per Day

AHCCCS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Member Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

1st Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
	a.m./p.m.		
1st Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trip Miles
	a.m./p.m.		

Type of Trip: One Way \_\_\_\_\_ Multiple Stops \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Name of Escort: \_\_\_\_\_ Relationship: \_\_\_\_\_

\* For Round Trip Transportations please fill out the 1st Pick-Up and Drop-Off Location and the 2nd Pick-Up and Drop-Off Location fields.

2nd Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
	a.m./p.m.		
2nd Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trip Miles
	a.m./p.m.		

Type of Trip: Round Trip \_\_\_\_\_ One Way \_\_\_\_\_ Multiple Stops \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Name of Escort: \_\_\_\_\_ Relationship: \_\_\_\_\_

3rd Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
	a.m./p.m.		
3rd Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trip Miles
	a.m./p.m.		

Type of Trip: Round Trip \_\_\_\_\_ One Way \_\_\_\_\_ Multiple Stops \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Name of Escort: \_\_\_\_\_ Relationship: \_\_\_\_\_

AHCCCS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Member Name: \_\_\_\_\_

4th Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
	a.m./p.m.		

4th Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trip Miles
	a.m./p.m.		

Type of Trip: Round Trip \_\_\_\_\_ One Way \_\_\_\_\_ Multiple Stops \_\_\_\_\_  
Reason for Visit: \_\_\_\_\_  
Name of Escort: \_\_\_\_\_ Relationship: \_\_\_\_\_

5th Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
	a.m./p.m.		

5th Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trip Miles
	a.m./p.m.		

Type of Trip: Round Trip \_\_\_\_\_ One Way \_\_\_\_\_ Multiple Stops \_\_\_\_\_  
Reason for Visit: \_\_\_\_\_  
Name of Escort: \_\_\_\_\_ Relationship: \_\_\_\_\_

6th Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
	a.m./p.m.		

6th Drop-Off Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Drop-Off Time	Drop-Off Odometer	Trip Miles
	a.m./p.m.		

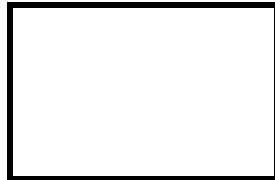
Type of Trip: Round Trip \_\_\_\_\_ One Way \_\_\_\_\_ Multiple Stops \_\_\_\_\_  
Reason for Visit: \_\_\_\_\_  
Name of Escort: \_\_\_\_\_ Relationship: \_\_\_\_\_

Did multiple members get transported in the same vehicle on this trip?  Yes  No  
If the above answer is yes, were the pick-up and drop-off locations different for the members?  Yes  No

Additional Information: \_\_\_\_\_

Member Signature: \_\_\_\_\_

Member is unable to sign. Identify the person signing for the member ***or*** include member's fingerprint.



Member Fingerprint

\_\_\_\_\_  
(Attendant / Escort / Guardian / Parent / Provider)

This is to certify that the information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_