


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



RAINBOW TREATMENT CENTER  
 PROVIDER ID #541484  
 302 WEST PONDEROSA DRIVE,  
 WHITERIVER, AZ 85941  
 (928)338-4858  
 RTC DISPATCH: (928 )338-2490

\* One Daily Trip Report Per Member, Per Day

**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) \_\_\_\_\_

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	
	am pm		
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
	am pm		

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

2nd Pick-Up Location (Physical Address, City, & Zip Code or Geographical Coordinates/Landmark if No Address Available)	Pick-Up Time	Pick-Up Odometer	
	am pm		
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
	am pm		

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	
	am pm		
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
	am pm		

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.



(Attendant / Escort / Guardian / Parent / Provider)

Member Fingerprint

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 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: \_\_\_\_\_ page \_\_\_\_\_ of \_\_\_\_\_