



## Special Transportation Services (STS) Trip Log

The form must be kept on file for up to 10 years by the provider. Completed forms are subject to audit by UCare representatives.

### Member Information

Member Name	UCare Member ID	Date of Service
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### STS Provider and Driver Information

STS Provider Name		
Printed Driver Name		Drivers License Number
Driver Signature		Signature Date
<i>I certify and swear that I have accurately reported in this mileage log the miles I actually drove and the dates and times I actually drove them. I understand that misreporting the miles driven and hours worked is fraud for which I could face criminal prosecution or civil proceedings.</i>		

### Clinic/Facility Information

Clinic/Facility Name	
Clinic/Facility Staff printed Name and Title	
Facility/Provider Signature	Signature Date

### Trip Information

 One-Way ☐ Round Trip ☐ \*Multiple Trips ☐ (\*Additional Legs Page 2)

<b>LEG 1</b>		
Pick Up Address/location	City/State/Zip	Pick-Up Time
Drop Off Address	City/State/Zip	Drop-Off Time
Total Miles Driven		
<b>LEG 2</b>		
Pick Up Address	City/State/Zip	Pick-Up Time
Drop Off Address	City/State/Zip	Drop-Off Time
Total Miles Driven		

<b>*LEG 3</b>		
Pick Up Address	City/State/Zip	Pick-Up Time
Drop Off Address	City/State/Zip	Drop-Off Time
Total Miles Driven		
<b>*LEG 4</b>		
Pick Up Address	City/State/Zip	Pick-Up Time
Drop Off Address	City/State/Zip	Drop-Off Time
Total Miles Driven		
<b>*LEG 5</b>		
Pick Up Address	City/State/Zip	Pick-Up Time
Drop Off Address	City/State/Zip	Drop-Off Time
Total Miles Driven		
<b>*LEG 6</b>		
Pick Up Address	City/State/Zip	Pick-Up Time
Drop Off Address	City/State/Zip	Drop-Off Time
Total Miles Driven		