



Special Transportation Services (STS) Trip Log

This form can be filled out by the driver. The transportation provider organization must keep it in the member's file for 10 years. UCare representatives may audit the trip forms at any time.

Member Information

Member Name	UCare Member ID	Date of Service

STS Provider and Driver Information

Organization Name	
STS Certificate #	Vehicle #
Driver Name (Print)	Driver License Number
Driver Signature	Signature Date
<i>I certify that by signing this form, it is an accurate account of the miles I actually drove on the dates and at the times stated below.</i>	

Trip Information One-Way Round Trip Multiple Trips (add details on next page)

Original Pick-Up Address	City/State/Zip	Pick-Up Time
Initial Drop-Off Address	City/State/Zip	Drop-Off Time
Facility Name		
Facility/Provider Signature	Signature Date	
Return Trip		
Pick-Up Address	City/State/Zip	Pick-Up Time
Drop-Off Address	City/State/Zip	Drop-Off Time
Total Trip Mileage		

Special Transportation Services (STS) Trip Form (Continued)

Original Pick-Up Address	City/State/Zip	Pick-Up Time
Initial Drop-Off Address	City/State/Zip	Drop-Off Time
Facility Name		
Facility/Provider Signature	Signature Date	
Return Trip		
Pick-Up Address	City/State/Zip	Pick-Up Time
Drop-Off Address	City/State/Zip	Drop-Off Time
Total Trip Mileage		

Original Pick-Up Address	City/State/Zip	Pick-Up Time
Initial Drop-Off Address	City/State/Zip	Drop-Off Time
Facility Name		
Facility/Provider Signature	Signature Date	
Return Trip		
Pick-Up Address	City/State/Zip	Pick-Up Time
Drop-Off Address	City/State/Zip	Drop-Off Time
Total Trip Mileage		