

Trip Log

| | | |
|-------------------------------|--|--|
| Receipts MA Number | _____ | Mail or fax completed form no later than 30 days from date of appointment. SmartLink Transit 1615 Weston Court Shakopee, MN 55379 Phone: 952-496-8341 Fax: 612-656-3032 NOTE: You must call in advance for prior authorization. |
| Name & Address: | _____ | |
| Phone Number: | _____ | |
| Make checks payable to: | _____ | |
| Address: | _____ | |
| Phone Number: | _____ | |
| Relationship to MA Recipient: | <i>Volunteer</i> | |
| | <i>Parent/Guardian MA Recipient Foster Care provider</i> | |



For complete information on how to get reimbursement, please see our web site at www.smartlinktransit.com

Please complete each box on a line. Incomplete lines cannot be reimbursed and will be returned to you. Questions, please call 952-496-8341. Ask for MA Reimbursement.

| Date of Apt | Apt Time | Origination address (if at home, please write home) | Name, Address, Phone number of MA eligible health service. | Round trip? Yes or No | I certify that this person was seen for a MA covered health service. Signature and Title of Health Care Provider | Park/Meal Receipts? Yes or No | Pre-Authorization Number |
|-------------|----------|---|--|-----------------------|--|-------------------------------|--------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Date Received

Vendor Number

I certify that this is correct and accurate to the best of my knowledge _____ Date _____

Please complete each box on a line. Incomplete lines cannot be reimbursed and will be returned to you. Questions, please call 952-496-8341. Ask for MA Reimbursement.

| Date of Apt | Apt Time | Origination address (if at home, please write home) | Name, Address, Phone number of MA eligible health service. | Round trip? Yes or No | I certify that this person was seen for a MA covered health service. Signature and Title of Health Care Provider | Park/Meal Receipts? Yes or No | Pre-Authorization Number |
|-------------|----------|---|--|-----------------------|--|-------------------------------|--------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

I certify that this is correct and accurate to the best of my knowledge _____ Date _____