

Mileage Reimbursement Trip Log

Trip #1	Trip Number (Call Alivi for this before your trip)	Appt. Date	Appt. Time	Type	<input type="checkbox"/> One-Way <input type="checkbox"/> Roundtrip
	Address where you were picked up <input type="checkbox"/> Home <input type="checkbox"/> Other			Medical Provider Phone	
	Medical Provider Name	Medical Provider Address			
	I certify that this patient was seen for a Medicaid covered health service	Signature & Title of Healthcare Provider			

Trip #2	Trip Number (Call Alivi for this before your trip)	Appt. Date	Appt. Time	Type	<input type="checkbox"/> One-Way <input type="checkbox"/> Roundtrip
	Address where you were picked up <input type="checkbox"/> Home <input type="checkbox"/> Other			Medical Provider Phone	
	Medical Provider Name	Medical Provider Address			
	I certify that this patient was seen for a Medicaid covered health service	Signature & Title of Healthcare Provider			

Trip #3	Trip Number (Call Alivi for this before your trip)	Appt. Date	Appt. Time	Type	<input type="checkbox"/> One-Way <input type="checkbox"/> Roundtrip
	Address where you were picked up <input type="checkbox"/> Home <input type="checkbox"/> Other			Medical Provider Phone	
	Medical Provider Name	Medical Provider Address			
	I certify that this patient was seen for a Medicaid covered health service	Signature & Title of Healthcare Provider			

Trip #4	Trip Number (Call Alivi for this before your trip)	Appt. Date	Appt. Time	Type	<input type="checkbox"/> One-Way <input type="checkbox"/> Roundtrip
	Address where you were picked up <input type="checkbox"/> Home <input type="checkbox"/> Other			Medical Provider Phone	

Medical Provider Name	Medical Provider Address
I certify that this patient was seen for a Medicaid covered health service	Signature & Title of Healthcare Provider

I have completed this form and I verify that the information on this trip log is true	Signature of Participant, Parent/Guardian, or Representative
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This form must be faxed from the providers office on the day of the medical appointment.

If you have any questions, please call Alivi.

Sunshine Health provides free aids and services to people with disabilities, such as qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic and other formats), and free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

This information is available for free in other languages. Please contact Member Services at 1-866-796-0530, TTY 1-800-955-8770 Monday through Friday, 8 a.m. to 8 p.m.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con nuestro número de servicio al cliente al 1-866-796-0530, TTY 1-800-955-8770 de lunes a viernes, de 8 a.m. a 8 p.m.

Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Sunshine Health, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-866-796-0530 (TTY 1-800-955-8770).

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Sunshine Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-866-796-0530 (TTY 1-800-955-8770).