MILEAGE AND MEDICAL ESCORT RECORD

☐ AB-CFC ☐ SD–CFC ☐ ABPAS ☐ SDPAS ☐ HCBS

Employee Name	Member Name	Medicaid ID	Pay Period (Mo/Day/Yr)

Shopping - (last three odometer digits required)

Date:	Where:	Odometer start:	Odometer end:	Total Miles:
Date:	Where:	Odometer start:	Odometer end:	Total Miles:
Date:	Where:	Odometer start:	Odometer end:	Total Miles:

Community Integration - (CFC Only - last three odometer digits required)

Date:	Where:	Odometer start:	Odometer end:	Total Miles:
Date:	Where:	Odometer start:	Odometer end:	Total Miles:
Date:	Where:	Odometer start:	Odometer end:	Total Miles:

WAIVER Mileage - (last three odometer digits required)

Date:	Where:	Odometer start:	Odometer end:	Total Miles:
Date:	Where:	Odometer start:	Odometer end:	Total Miles:
Date:	Where:	Odometer start:	Odometer end:	Total Miles:

Medical Escort – T2001 (last three odometer digits required)

Escort time is above and beyond time authorized on the MPQH services profile. For purposes of the PAS and CFC program, within the community is defined as up to 12 miles one-way or 24 miles round trip. Mileage outside the member's community must be obtained through the Medicaid state plan transportation program. 1-(800) 292-7114.

DATE:	NAME OF HCP:	SPECIFIC LOCATION:
Time left for Apt:	Time Returned from Apt:	Total Time:
Odometer Start:	Odometer End:	Total Miles:
DATE:	NAME OF HCP:	SPECIFIC LOCATION:
Time left for Apt:	Time Returned from Apt:	Total Time:
Odometer Start:	Odometer End:	Total Miles:
DATE:	NAME OF HCP:	SPECIFIC LOCATION:
Time left for Apt:	Time Returned from Apt:	Total Time:
Odometer Start:	Odometer End:	Total Miles:

Comments:

This is to certify that I worked the hours recorded and completed the work tasks assigned.

This is to certify that the employee has worked the hours recorded, completed the tasks assigned. Misrepresentation constitutes fraud.

Employee Signature	**Date**
Member/PR Signature	**Date**
Agency Representative Signature	**Date**