

Veyo Non-Emergency Medical Transportation Trip Log



| INFORMATION DETAILS | | |
|--|---|----------------------|
| Provider Name: | Week Ending: | |
| Provider ID Number (if applicable): | Start Time from Base: | Return Time to Base: |
| Driver's Name (as it appears on drivers license): | Vehicle Number (List last six digits of the VIN): | |
| Provider Attendant's Full Name (as it appears on drivers license): | | |

Please submit the completed form by email or mail to:
 Email: datateamdocs@veyo.com
 Mail: Attn: Data Integrity
 10010 N 25th Avenue, Suite 200
 Phoenix, AZ 85021

T = Taxi/Van/Ambulatory W = Wheelchair SV = Stretcher Van If the member was a No Show, place a check in this column. Actual number of wheelchairs, attendants, and children per trip. Document the number and indicator code: A= Attendants; C= Children Example: 4W or 1A or 2C

| TRIP LOG | | | | | | | | | |
|-----------------|-------------|--------------------------------|-----------------|--------------------------|--------------|---------------|-----------------------------------|--|---|
| Date of Service | Veyo Trip # | Member's Name (First and Last) | Mode (T, W, SV) | No Show | Pick-Up Time | Drop-Off Time | Time of Will Call (if applicable) | # of Attendants, Children, or Wheelchair | Member or Attendant's Signature (if applicable) |
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- Note: a "trip leg" is defined as the point of pick-up to the point of drop-off. *For example:* If you pick up a member at a doctor's office and drop them off at a pharmacy, this would be considered one trip leg. If you then take this person from the pharmacy to their residence, this would be considered the second leg of the trip.
- Veyo requires that drivers wait for at least **5 minutes** after the scheduled pick-up time. *For example:* if you arrive at the member's residence at 7:50 AM for a scheduled pick-up of 8:00 AM, you must wait until 8:05 AM for the member to get in the vehicle.

Additional Information: _____

I understand that Veyo will verify the accordance of the information being reported and I hereby certify the information herein is true, correct, and accurate:

Driver's / Provider's Name (must print): _____ Driver's / Provider's Signature: _____
 Provider Attendant's Name (must print): _____ Provider Attendant's Signature: _____