ITP Service Record (Trip Log/Claim Reimbursement Form 3103)

Client Name:	**Client Telephone:** ( )	**Client Medicaid:**
ITP Name:	**ITP Telephone:** ( )	**ITP Driver's License #**

Trip #1

From:	**To:**	**Miles:**	**Amount:**
From:	**To:**	**Miles:**	**Amount:**
Authorization Number:	**Appointment Date/Time:**	**Total Miles:**	**Total Amount:**
Health Care Provider NPI:	**Health Care Provider Telephone:** ( )	**Health Care Provider Name:**	
I certify that this patient was seen for a Medicaid/CSHCN covered health-care service.	**Signature & Title of Health-care Provider:**	**Date Signed:**	

Trip #2

From:	**To:**	**Miles:**	**Amount:**
From:	**To:**	**Miles:**	**Amount:**
Authorization Number:	**Appointment Date/Time:**	**Total Miles:**	**Total Amount:**
Health Care Provider NPI:	**Health Care Provider Telephone:**	**Health Care Provider Name:**	
	( )		
I certify that this patient was seen for a Medicaid/CSHCN covered health-care service.	**Signature & Title of Health-care Provider:**	**Date Signed:**	

ITP Drivers: *Please note that the allowable mileage that may be claimed for reimbursement is preprinted on the form.*

AFFIDAVIT: This is to certify that the foregoing information is true, accurate, and complete. I understand that payment of this claim is from Federal and State funds, and that any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws. I hereby certify that this claim contains no willful misrepresentation or falsification and that the information I have given is true and correct to the best of my knowledge and belief. **I attest that I have complied with all of the provisions of the Individual Transportation Participant Agreement when providing the transportation services for which I am seeking reimbursement.**

Signature of Individual Transportation Participant (ITP) Date

All forms must be sent to:

A2C ATTN: ITP CLAIMS
9555 W Sam Houston Pkwy S, Suite 500
Houston, Texas 77099
Fax: 713-747-9453
Email: a2cclaimsdept@mtm-inc.net
Note: *Please retain a copy for your records*