Month Year October 2024

Daily Pick uo and/or Drop Off Source Record for Medicaid Reimbursement or Private Pay

PRINTED NAME PROVIDING SERVICE:_____

SIGNATURE OF PERSON PROVIDING SERVICE:_____

By signing this form I acknowledge that I have provided transportation to and or from Paladin Day Services.

Supervisor review Signature:_____

MUST BE SIGNED BY SUPERVISOR PRIOR TO GIVING TO ACCOUNTING

❒ Medicaid Reimbursement

❒ Private Pay Record

Date Turned in to ACCOUNTING:_____(Within 3 days of end of mo

October 2024

RIDER NAME:_____ RIDER NUMBER_____

	T	W	Th	F	Sa	S	M	T	W	Th	F	Sa	S	M	T	W	Th	F	Sa	S	M	T	W	Th	F	Sa	S	M	T	W	Th	TOTAL
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1																																
2																																

USE ADDITIONAL SHEETS IF MORE THAN FIVE CONSUMERS TRANSPORTED

Check ✓ TRIPS PROVIDED 0 EQUALS NO TRANSPORTATION

Remember one copy goes to Kasey to enter and then it will be given to Accounts Payable

ACCOUNTING USE ONLY PAID ON:_____ CHECK #_____ $5/trip

YOU MUST BE SURE THAT ACCOUNTING HAS A COPY OF THE TRANSPORATION AGREEMENT ON FILE. IF NOT, YOU WILL NOT BE PAID FOR TRANSPORATION UNTIL WE DO. THIS IS FOR PARENTS/CAREGIVERS.