



1615 Weston Court
Shakopee, MN 55379

Phone: (952) 496-8341
Fax: (612) 656-3032

Medical Assistance Contract Provider Trip Confirmation Form

This form must be completed and submitted to SmartLink Transit within 30 days of trip in order to receive payment.

CONFIDENTIAL: This fax contains patient identifiable information for use by the FAX recipient listed above. Disclosure of this information is prohibited by State and Federal Laws. If you have received this fax in error, please notify the sender immediately at the contact information above. Thank you.

| | | | |
|--------------------------|-------|-------------------|-------|
| BOOKING ID: | _____ | TRIP TYPE: | _____ |
| LAST NAME: | _____ | FIRST NAME: | _____ |
| PHONE: | _____ | ALTERNATE PHONE: | _____ |
| SUBSCRIBER (PMI) NUMBER: | _____ | AGE: | _____ |
| ADDITIONAL PASSENGERS: | _____ | AGES: | _____ |
| VEHICLE: | _____ | CAR SEATS: | _____ |
| LEVEL OF SERVICE: | _____ | ATTENDANT: | _____ |
| APPOINTMENT DATE: | _____ | APPOINTMENT TIME: | _____ |

CRUTCHES, WALKER, OR CANE:

SPECIAL NEEDS:

OUTWARD LEG

| | | | | |
|-------------------|---------------------------|-------|------------------|-------|
| SCHEDULED PU: | _____ | am/pm | ACTUAL PU: | _____ |
| ACTUAL DEPARTURE: | _____ | am/pm | APPT. ARRIVAL: | _____ |
| VIN NUMBER: | _____ | | DRIV LIC NUMBER: | _____ |
| SIGNATURE _____ | Member/Attendant/Facility | | | |

RETURN LEG

| | | | | |
|-------------------|---------------------------|-------|------------------|-------|
| SCHEDULED PU: | _____ | am/pm | ACTUAL PU: | _____ |
| ACTUAL DEPARTURE: | _____ | am/pm | APPT. ARRIVAL: | _____ |
| VIN NUMBER: | _____ | | DRIV LIC NUMBER: | _____ |
| SIGNATURE _____ | Member/Attendant/Facility | | | |