



WEST VIRGINIA GAS MILEAGE REIMBURSEMENT TRIP LOG

Mail or Fax to: **LogistiCare Claims Department**
798 Park Avenue NW
Norton, VA 24273
Fax #: 866-528-0462

Gas Mileage Reimbursement Billing Inquiries: 844-889-1942

DRIVER NAME: _____

DRIVER PHONE #: _____

DRIVER MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

MEMBER ID #: _____ I, _____, by submitting this driver log do affirmatively certify I have a current, valid and unrestricted West Virginia driver's license; that the vehicle used to perform the services has passed an annual inspection by West Virginia, and that the vehicle is currently and properly registered and insured pursuant to the laws and regulations of the state of West Virginia.

IS TRIP A STANDING ORDER? Y N

IF YES, CIRCLE THE DAYS TRAVELED WEEKLY: S M T W T F S

Trip Date	Trip/Job #	Medical Provider Name & Phone #	Physician/Clinician Signature*	Total Miles
		Name: Phone #:		
		Name: Phone #:		
		Name: Phone #:		
		Name: Phone #:		
		Name: Phone #:		
		Name: Phone #:		

*Each date of service and each leg of trip must have a physician or clinician signature in order for reimbursement to be approved. **All mileage reimbursement trips are limited to 125 miles or less.**

I hereby certify the information contained herein is true, correct and accurate.

Member Signature _____ **Driver Signature** _____