

## Service Record – School Based Specialized Transportation

<b>Medicaid Number</b>	<b>Last Name</b>	<b>First Name</b>	<b>County</b>	<b>School</b>
00000000000	Doe	Jane	059	201
<b>WVEIS #</b>	<b>Diagnosis Code</b>	<b>Date of Birth</b>	<b>Month/Year</b>	<b>Vehicle Type</b>
999999999	F72	01-01-1900	August 2016	<b>Modified</b>

√ T2001 SE – Non-Emergency Medical Transportation – with Bus Aide. List start and end times per trip.

\_\_ T2002 SE – Non-Emergency Medical Transportation (**NO AIDE**). List mileage of each trip.

(Up to 4 one-way trips per instructional day.) Locations would be school, designated stop, or another specific location such as RESA or doctor office. The last column will be completed at a later date by staff responsible for Medicaid. Purpose is completed only for students who are receiving a Medicaid billable service that day.

Date	Departure Location	Arrival Location	Start Time	Stop Time	Mileage	Purpose: To provide access to the following billable service(s).
8-22-16	Designated Stop	School	7:32	7:50		NA
8-22-16	School	Designated Stop	2:55	3:18		NA
8-23-16	Designated Stop	School	7:30	7:50		Speech
8-23-16	School	Designated Stop	2:55	3:25		Speech
8-24-16	Designated Stop	School	7:32	7:50		TCM
8-24-16	School	Designated Stop	2:55	3:22		TCM
Total Trips     6		Total Billable Trips     4			Total Non-Billable Trips     2	

Driver Signature: \_\_\_\_\_ Driver Credential: Bus Driver

Bus Aide Signature: \_\_\_\_\_ Bus Aide Credential: Aide II