Provider's Trip Send-Back List (For Trips You Are Unable to Run)



| Provider's Name: | | | | |
|--|--------------|------------------------------------|-------------|----------------------|
| * Fax-back Date: | | and time:am / pm for Service Date: | | |
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| Date of Trip | Time of Trip | Member's Name | **Trip ID # | REASONS FOR SENDBACK |
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| * Send-backs MUST be returned NO LATER THAN 12:30 PM two business days prior to the transport date. Please email this form to garouters@southeastrans.com. Fax this form to (678) 510-1349. PLEASE PLACE CODED REASON BELOW INTO THE REASON COLUMN PNSA - Pick up not in service area , DNSA - Destination not in service area, MOB - Don't provide mobility listed, TMT - Too many trips at the same time, VOOS - Vehicle out of service, MBR - Previous issues with member | | | | |
| ** The Trip ID# is located on your Driver's Manifest, top left of trip . ** Rev 6/28/12 | | | | |