



# Tennessee Trip Reimbursement Form

East Region  
  TennCare Select  
  West Region  
 Middle Region  
  DSNP

NET Provider:	License Plate:	Complete Vehicle Mileage:	Last Four of VIN:	SETI Inspection Decal Number:	Submit forms to: Southeastrans Billing 4751 Best Rd, Ste. 300 Atlanta, GA 30337
Date:	Driver's Name:	Driver's Signature:	Monitor or Attendant Name:		

Print clearly in block letters with a blue pen. All information must be true and accurate under penalty of violation of State or Federal Medicaid laws and regulations.

Member Name		Pick-Up Time	Drop-Off Time	MBR Call Time	Member Signature (or Medical Provider)	Escort Name	Escort's Relationship	For Office Use Only
Leg ID Number	Special Rate Authorization	Pick-Up Mileage	Drop-Off Mileage	Transport Code	Provider Comments:	Trip Status		

Name:	:	:	:	X				
Leg ID Number:				A W S AM	Provider Comments:		C NS	

Name:	:	:	:	X				
Leg ID Number:				A W S AM	Provider Comments:		C NS	

Name:	:	:	:	X				
Leg ID Number:				A W S AM	Provider Comments:		C NS	

Name:	:	:	:	X				
Leg ID Number:				A W S AM	Provider Comments:		C NS	

Name:	:	:	:	X				
Leg ID Number:				A W S AM	Provider Comments:		C NS	

Name:	:	:	:	X				
Leg ID Number:				A W S AM	Provider Comments:		C NS	

Name:	:	:	:	X				
Leg ID Number:				A W S AM	Provider Comments:		C NS	

Transport Codes: A-Ambulatory, W-Wheelchair, S-Stretcher, AM - Ambulance

Status Codes: C-Cancel, NS-No Show

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