

HPC Transportation – WAIVER SERVICE DELIVERY DOCUMENTATION – Cuyahoga County

CONSUMER NAME: _____

PROVIDER: _____

MEDICAID #: _____

PROVIDER #: _____

SERVICE MONTH: _____ YEAR: _____

Date	Starting location address	Destination Addresses	Miles Driven	1:1 ratio unless otherwise noted	Staff Initials

This is a sample documentation, providers are responsible for creating their own documentation to meet provider standards. Please visit www.dodd.ohio.gov for current Rules & Laws

