NON MEDICAL TRANSPORTATION- Mileage - DOCUMENTATION – Cuyahoga County

PROVIDER NAME

PROVIDER Contract # _____

Vehicle Year, Make, and Model _____

License Plate _____

Items to inspect on each trip	Date		Date I		Date	Date [Date		Date		Date		
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Windows and mirrors are clean and free of cracks/breaks?														
Seat belts function properly?														
All lights, including headlights and turn indicators, function														
properly?														
First Aid kit is in vehicle?														
Fire extinguisher is in vehicle and indicates as "good"?														
The horn is working properly?							7							
Windshield wipers are working correctly?														
Communication system working properly?														
Tread on all four tires is sufficient?														
Test brakes. Are they working properly?														
Emergency equipment (Triangles/flares)														
Secure storage														
At end of trip, have all belongings been removed?														

Fill in for each rider being transported:

Date of service	Individual Name	Medicaid #	Pick up Time	Odometer Start	Drop off Time	Odometer End	Total Mileage	Staff Initials

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

Date of service	Individual Name	Medicaid #	Pick up Time	Odometer Start	Drop off Time	Odometer End	Total Mileage	

SIGNATURE:	Initials:	SIGNATURE:	Initials:
SIGNATURE:	Initials:	SIGNATURE:	Initials:
SIGNATURE:	Initials:	SIGNATURE:	Initials:

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