HPC Transportation – WAIVER SERVICE DELIVERY DOCUMENTATION – Cuyahoga County

CONSUME	R NAME:	PROVIDER:	PROVIDER:			
MEDICAID #	#:	PROVIDER #:	PROVIDER: PROVIDER #:			
		SERVICE MONTH:		YEAI	R:	
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 <u>www.dodd.ohio.gov</u> for current Rules & Laws

DATE	Comments, problems delivering services, refusal, unusual incidents & reasons, etc.	
SIGNATURE:	INITIALS: DATE:	

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