**Service Record – School Based Specialized Transportation**

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| --- | --- | --- | --- | --- |
| **Medicaid Number** | **Last Name** | **First Name** | **County** | **School** |
|  |  |  |  |  |
| **WVEIS #** | **Diagnosis Code** | **Date of Birth** | **Month/Year** | **Vehicle Type** |
|  |  |  |  | **Modified** |

##  T2001 SE – Non-Emergency Medical Transportation – with Bus Aide. List start and end times per trip.

 T2002 SE – Non-Emergency Medical Transportation **(NO AIDE)**. List mileage of each trip.

(Up to 4 one-way trips per instructional day.) Locations would be school, home, or another specific location such as RESA or doctor office. The last column will be completed at a later date by staff responsible for Medicaid. Purpose is completed only for students who are receiving a Medicaid billable service that day.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | DepartureLocation | ArrivalLocation | StartTime | StopTime | Mileage | Purpose: To provide access tothe following billable service(s). |
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|  |  |  |  |  |  |  |
| Total Trips | Total Billable Trips | Total Non-Billable Trips |

Driver Signature: Driver Credential: Bus Aide Signature: Bus Aide Credential:

## WVDE – BMS – SBHS – Appendix 538I Effective Date: August 1, 2015