

Service Record – School Based Specialized Transportation

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	Departure Location	Arrival Location	Start Time	Stop Time	Mileage	Purpose: To provide access to the following billable service(s).
Total Trips		Total Billable Trips			Total Non-Billable Trips	

Driver Signature: _____ Driver Credential: _____

Bus Aide Signature: _____ Bus Aide Credential: _____