NON-EMERGENCY MEDICAL TRANSPORTATION TRIP TICKET

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 296 (1-2019)

Clear Fields

The driver must record the information for each leg of a trip on this form and keep it on file.

Transportation Provider Name	Driver Name	Medicaid Provider ID Number

Recipient Name				Medicaid ID Number
Actual Pick Up Time ☐ AM ☐ PM	Actual Pick Up Street Address	City	State	ZIP Code
Actual Drop Off Time ☐ AM ☐ PM	Actual Drop Off Street Address	City	State	ZIP Code
Facility or Member Signature (I certify the member arrived for a medical appointment).		Trip Date	Actual Trip Mileage	

Recipient Name				Medicaid ID Number
Actual Pick Up Time ☐ AM ☐ PM	Actual Pick Up Street Address	City	State	ZIP Code
Actual Drop Off Time ☐ AM ☐ PM	Actual Drop Off Street Address	City	State	ZIP Code
Facility or Member Signature (I certify the member arrived for a medical appointment).		Trip Date	Actual Trip Mileage	

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Facility or Member Signature (I certify the member arrived for a medical appointment).		Trip Date	Actual Trip Mileage	

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Actual Drop Off Time ☐ AM ☐ PM	Actual Drop Off Street Address	City	State	ZIP Code
Facility or Member Signature (I certify the member arrived for a medical appointment).		Trip Date	Actual Trip Mileage	

I certify that this trip sheet is an accurate account of the miles I actually drove, on the dates and at the times stated.

Driver Signature	Date

Please fax completed form to 701-328-1544 or mail to NEMT Coordinator · Medical Services · 600 E Boulevard Ave · Dept 325 · Bismarck ND 58505-0250