



# NON-EMERGENCY MEDICAL TRANSPORTATION TRIP TICKET

DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEDICAL SERVICES DIVISION

SFN 296 (8-2024)

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

Transportation Provider Name	Medicaid Provider ID Number	Driver Name
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<b>Trip 1</b>	Recipient Name	Medicaid ID Number		
Actual Pick Up Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Actual Pick Up Street Address	City	State	ZIP Code
Actual Drop Off Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Actual Drop Off Street Address	City	State	ZIP Code
Trip Date	Odometer Reading at Pick Up	Odometer Reading at Drop Off	Total Trip Mileage	
Facility or Recipient Signature (I certify the recipient arrived for a medical appointment)				

<b>Trip 2</b>	Recipient Name	Medicaid ID Number		
Actual Pick Up Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Actual Pick Up Street Address	City	State	ZIP Code
Actual Drop Off Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Actual Drop Off Street Address	City	State	ZIP Code
Trip Date	Odometer Reading at Pick Up	Odometer Reading at Drop Off	Total Trip Mileage	
Facility or Recipient Signature (I certify the recipient arrived for a medical appointment)				

<b>Trip 3</b>	Recipient Name	Medicaid ID Number		
Actual Pick Up Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Actual Pick Up Street Address	City	State	ZIP Code
Actual Drop Off Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Actual Drop Off Street Address	City	State	ZIP Code
Trip Date	Odometer Reading at Pick Up	Odometer Reading at Drop Off	Total Trip Mileage	
Facility or Recipient Signature (I certify the recipient arrived for a medical appointment)				

**I certify that this trip(s) is an accurate account of the loaded miles driven, on the dates and at the times stated.**

Driver Signature	Date
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**For assistance call Medical Services at 701-328-7098, NEMT Coordinator,  
Medical Services, 600 E Boulevard Ave Dept 325, Bismarck ND 58505-0250**