

### DRIVER INFORMATION

Driver's Name <b>Jane Doe</b>	
Driver's License # <b>XYZ000</b>	Driver's License State <b>VA</b>

Driver's Street Address <b>0000 Main St.</b>		
City <b>Anywhere</b>	State <b>VA</b>	Zip Code <b>00000</b>

Select yes if trips are recurring.

Select each day the trip reoccurs, if applicable.

### RECORD OF TRIPS

Each date of service must have a physician or clinician signature and will be reviewed with the physician's office before payments will be made.

Is trip a Standing Order?  YES  NO  
 Standing Order weekly days of travel:  Su  M  T  W  Th  F  S

	Trip Date	Trip Number	Total Miles	Facility Phone Number	Physician / Clinician Signature
1	02.01.2026	00000	12	000-000-0000	Sarah Davis, MD
2					
3					
4					
5					

This number is provided at the time of reservation with MediDrive.

\*For California members: Per All Plan Letter 17-010 from the California Department of Health Care Services, Medi-Cal beneficiaries who drive themselves to their appointment are NOT eligible for mileage reimbursement.

### SIGNATURE OF DRIVER

By submitting this trip log, I certify that at the time the services were performed I held a current and valid driver's license; and the vehicle used had passed all required state inspections and was properly registered and insured in accordance with the laws and regulations of its state of registration.

Jane Doe  
 Driver Signature

03.02.2026  
 Date

Member ID can be found on medical ID card.

### MEMBER INFORMATION

Relationship to Member <b>Spouse</b>	Member Name <b>John Doe</b>	Member ID <b>00000000000</b>
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### SIGNATURE OF MEMBER

I hereby agree the above information is true and correct. I have also received, read and agreed to the gas reimbursement guidelines.

John Doe  
 Member Signature

John Doe  
 Member Name (Print)

### SEND COMPLETED FORMS TO:

**MediDrive**  
**P.O. Box 2310**  
**Glen Allen, VA 23508**  
**FAX: 703-951-0444**  
**EMAIL: [claimsva@medidrive.com](mailto:claimsva@medidrive.com)**

Please allow 4-6 weeks for payment processing.  
 For any claim questions, call 1-833-633-4374

For Office Use Only	
Date received	
Total mileage to be paid	
Total invoice amount	
Invoice number	