



Trip Log Instructions

This Trip Log is good for up to four trips and must be returned within 30 days of the last trip date logged.

Mileage reimbursement may be provided when you:

1. Do not have a working vehicle in your home,
2. Cannot travel or wait for medical or dental services alone,
3. Are being seen and treated for a Medi-Cal covered service,
4. Are not going to an emergency room,
5. Have a friend or family member who has a valid driver's license, vehicle registration, vehicle insurance and agreed to drive you to your appointment and wait for reimbursement, or
6. Have a working vehicle in the home;
 - a. Your appointment is at a location that is 30 miles or more one way from your home;
 - b. Other transportation services are not available to you;
 - c. A friend or family member has agreed to drive you and be reimbursed for mileage.

Complete all fields in the “Member Information” and “Driver Information” sections of this form. Please print clearly. The payment will be sent to the driver; members will not receive mileage reimbursement for driving themselves.

1. **You must contact the Transportation Department the first time you use mileage reimbursement for complete instructions.**
2. A valid provider signature, office staff member signature, office stamp, or written verification of your appointment is required.
3. You and your driver's signatures are required.
4. Drivers are required to provide their driver's license number.
5. Make a copy of the completed form for your records.
6. The completed Trip Log may be mailed or faxed up to 30 days from the date of the last trip logged to:

Kern Family Health Care
Mileage Reimbursement
P.O. Box 911537
St. George, Utah 84791
Fax Number: (661) 617-2704

All trips are subject to verification prior to payment.

You may access this form from the KFHC website with your Member Portal account. You may also request that this form be mailed to you with a postage paid envelope is available. Please allow 45 days for processing.

If you have questions about Mileage Reimbursement, please contact the KFHC Transportation Department at (661) 632-1590 or 1-800-391-2000 and select option #3, OR visit your Member Portal at www.kernfamilyhealthcare.com for more information.



ALL FIELDS ARE REQUIRED IN THIS SECTION AND MUST BE COMPLETED			Member Information
First Name:	Last Name:	KFHC Member ID #:	
Address:		Phone:	
City:	State:	Zip:	
Driver Information			
First Name:	Driver License Number:		
Last Name:			
Address:		Phone:	
City:	State:	Zip:	

Trip Log

Each section is a one-way trip for up to four trips. Please print clearly.

Trip Date	Pick up name and address (Home or the name of the provider or facility)	Drop off name and address	Office staff signature
	Name	Name	X
	Address	Address	The above named Member was seen for a Medi-Cal covered service.
	Name	Name	X
	Address	Address	The above named Member was seen for a Medi-Cal covered service.
	Name	Name	X
	Address	Address	The above named Member was seen for a Medi-Cal covered service.
	Name	Name	X
	Address	Address	The above named Member was seen for a Medi-Cal covered service.

Verification signatures required.

I have completed this form and I verify that the information on this trip log is true.	Signature of Member, Parent/Legal Guardian, or Representative: ▶	Date:
I attest that my driver's license, vehicle's registration and insurance are valid and up-to-date according to California law.	Signature of Driver: ▶	Date: