

Trip Log

Receipts MA Number	
Name & Address:	
Phone Number:	
Make checks payable to:	
Address:	
Phone Number:	
Relationship to MA Recipient:	<i>Volunteer</i>
<i>Parent/Guardian</i>	<i>MA Recipient Foster Care provider</i>

Mail or fax completed form no later than 30 days from date of appointment.
 SmartLink Transit
 200 Fourth Ave W
 Shakopee, MN 55379
 Phone: 952-496-8341
 Fax: 952-496-1842
NOTE: You must call in advance for prior authorization.

 SmartLink Transit
 For complete information on reimbursements, please see our web site at:
www.smartlinktransit.com

Please complete each box on a line. Incomplete lines cannot be reimbursed and will be returned to you. Questions, please call 952-496-8341. Ask for MA Reimbursement.

Date	Apt	Origination address (if at home, please write home)	Name, Address, Phone number of MA eligible health service.	Round trip? Yes or No	I certify that this person was seen for a MA covered health service. Signature and Title of Health Care Provider	Park/Meal Receipts? Yes or No	Pre-Authorization Number

Date Received

Vendor Number

I certify that this is correct and accurate to the best of my knowledge

Date _____

