

# SafeRide Health ITP Service Record (Claim Form)

Member's Health Plan: (Please indicate your health plan) _____			
Client Name:	Client Telephone:	Client Medicaid ID:	
	(     )		
ITP Name:	ITP Telephone:	ITP MTI Number:	
	(     )		
<b>Trip #1</b>			
From:	To:	Miles:	Amount:
From:	To:	Miles:	Amount:
Authorization Number/Ride ID:	Appointment Date/Time:	Total Miles:	Total Amount:
Health Care Provider NPI:	Health Care Provider Telephone:	Health Care Provider Name:	
	(     )		
I certify that this patient was seen for a Medicaid/CSHCN covered health-care service.	Signature & Title of Health-care Provider:		Date Signed:
<b>Trip #2</b>			
From:	To:	Miles:	Amount:
From:	To:	Miles:	Amount:
Authorization Number/Ride ID:	Appointment Date/Time:	Total Miles:	Total Amount:
Health Care Provider NPI:	Health Care Provider Telephone:	Health Care Provider Name:	
	(     )		
I certify that this patient was seen for a Medicaid/CSHCN covered health-care service.	Signature & Title of Health-care Provider:		Date Signed:

**ITP Drivers:** Please note that the allowable mileage that may be claimed for reimbursement is preprinted on the form.

**AFFIDAVIT:** This is to certify that the foregoing information is true, accurate, and complete. I understand that payment of this claim is from Federal and State funds, and that any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws. I hereby certify that this claim contains no willful misrepresentation or falsification and that the information I have given is true and correct to the best of my knowledge and belief. I attest that I have complied with all of the provisions of the Individual Transportation Participant Agreement when providing the transportation services for which I am seeking reimbursement.

\_\_\_\_\_  
Signature of Individual Transportation Participant (ITP) \_\_\_\_\_  
Date

**All Claim Forms should be sent to:  
SafeRide Health**  
106 Jefferson St. Suite 300  
San Antonio, TX 78205  
shp\_claims@saferridehealth.com  
Fax Number: 1-888-453-5398