


MA Participant Directed Program 5196 Trip Transportation Invoice Instructions

- **How Do You Complete This Form?**
 - This form is to capture 'Trips' (code 5196)
- **How often can I complete a Transportation Request?**
 - Services must be recorded according to the specific date worked, but the form can be completed with up to a month of 'trips' at a time.

INVOICE INSTRUCTIONS:

1. Enter all Provider and Participant information into the designated boxes.

For Example:

		MA Participant Directed Program Transportation Invoice									
Provider Name: Sample Provider	Provider ID Number:	E	0	0	0	0	0	0	0	1	
Provider Address: 123 Main Street, Apt 1	*Tax ID Number:	0	0	0	0	0	0	0	0	1	
City, State, Zip: Boston, MA 02109											
Participant First Name: Sample											
Participant Last Name: Participant	Participant ID Number:	X	X	0	0	0	0	0	0	1	

2. Enter the "Date of Service" in which the trip occurred.

Trip	Date of Service	Rate	Destination
1	7/06/2010	\$15	Day Program
2	7/08/2010	\$10	Physical Therapy
3	07/09/2010	\$25	Day Program 2

3. Enter the "Rate" for this particular trip.

Trip	Date of Service	Rate	Destination
1	7/06/2010	\$15	Home to Day Program
2	7/08/2010	\$10	Physical Therapy

NOTE! The 'rate' is the total cost per trip. THIS IS NOT THE COST PER MILE!

4. **List each trip separately.** For example, if billing for a ‘round trip’, 2 trips should be billed for. For example, if going from Home to Day Program 1, then from Day Program 1 back home, 2 trips should be billed for, and each should have its own line on the invoice form.

Trip	Date of Service	Rate	Destination
1	7/06/2010	\$15	Home to Day Program
2	7/06/2010	\$15	Day Program to Home

5. **Note!** If trips consistently have the same rate, you can check off the box in the bottom left hand corner of the invoice form which states “same rate applies to all trips on this form.” This will let PPL know that all submitted trips should be paid at the same rate of pay.

0				20				30
<input type="checkbox"/> CHECK HERE IF THE SAME RATE APPLIES TO ALL TRIPS ON THIS FORM								

6. Enter the destination of the trip.

Trip	Date of Service	Rate	Destination
1	7/06/2010	\$15	Day Program
2	7/08/2010	\$10	Physical Therapy
3	07/09/2010	\$25	Day Program 2

7. Up to 30 trips can be recorded and submitted per 5196 –Trip invoice form. Total the dollar value requested for all trips or items entered onto this invoice sheet.

Trip	Date of Service	Rate	Destination	Trip	Date of Service	Rate	Destination	Trip	Date of Service	Rate	Destination
1	7/06/2010	\$15	Day Program	11				21			
2	7/08/2010	\$10	Physical Therapy	12				22			
3	07/09/2010	\$25	Day Program 2	13				23			
4				14				24			
5				15				25			
6				16				26			
7				17				27			
8				18				28			
9				19				29			
10				20				30			
<input type="checkbox"/> CHECK HERE IF THE SAME RATE APPLIES TO ALL TRIPS ON THIS FORM									Total Amount (in \$) requested: \$ 50.00		

The Participant ID number must be written on this invoice. Sign the invoice and print the name of either the participant or representative who signed. Write the date signed next to the signature.