

**Chapter 538**  
School-Based Health Services

**Appendix 538I**

Transportation Billing Form

Effective Date: August 1, 2015

## Service Record – School Based Specialized Transportation

<b>Medicaid Number</b>	<b>Last Name</b>	<b>First Name</b>	<b>County</b>	<b>School</b>
<b>WVEIS #</b>	<b>Diagnosis Code</b>	<b>Date of Birth</b>	<b>Month/Year</b>	<b>Vehicle Type</b>
				<b>Modified</b>

\_\_T2001 SE – Non-Emergency Medical Transportation – with Bus Aide. List start and end times per trip.

\_\_T2002 SE – Non-Emergency Medical Transportation (**NO AIDE**). List mileage of each trip.

(Up to 4 one-way trips per instructional day.) Locations would be school, home, or another specific location such as RESA or doctor office. The last column will be completed at a later date by staff responsible for Medicaid. Purpose is completed only for students who are receiving a Medicaid billable service that day.

Date	Departure Location	Arrival Location	Start Time	Stop Time	Mileage	Purpose: To provide access to the following billable service(s).
Total Trips		Total Billable Trips			Total Non-Billable Trips	

Driver Signature: \_\_\_\_\_ Driver Credential: \_\_\_\_\_

Bus Aide Signature: \_\_\_\_\_ Bus Aide Credential: \_\_\_\_\_