## MEDICAID TRANSPORTATION VERIFICATION OF RECEIPT OF MEDICAID COVERED SERVICE

Co: Medicaid Enrolled Provider
From: County Department of Social Services
<b>Note:</b> The County has the authority to administer the Medicaid program for the North Carolina Department of Health and Human Services Division of Medical Assistance pursuant to N.C.G.S. 108A-25 and rules adopted by the State of North Carolina.
When transportation assistance is provided to a Medicaid recipient, for audit purposes, it is ecessary to document that the individual received a Medicaid covered service from a Medicaid-enrolled provider on the date of transport. Please complete the following:
his is to certify that
(Medicaid recipient's name/Medicaid ID Number)
isited this office or facility on and received a Medicaid covered service.
(date) Iame of Medicaid provider/facility:
lame of individual completing form (please print)
hone number of person completing form
ignature of person completing form: