



**Non-PROFESSIONAL
PROVIDER/NPP OR VENDOR
TRAVEL REIMBURSEMENT LOG**

Non-Professional Provider/NPP or Vendor Name: Jane Doe

Participant Name: John Doe _____

Please make sure to follow approved services on the Participant's ILSP Service Plan

DATE	PURPOSE	FROM	TO	MILEAGE
9/5/23	Doctor Appt	Home	Doctor Office	55.5
9/5/23	Doctor Appt	Hospital	Home	55.5
9/7/23	Therapy	Home	Clinic	25
9/7/23	Therapy	Clinic	Home	25
9/8/23	PT	Home	Hospital	15.1
9/8/23	PT	Hospital	Home	15.1
EXAMPLE ONLY				
TOTAL MILES:				191.2

My driver's license, vehicle registration, and state-mandated liability insurance coverage were current, in effect, and unrestricted at all times that I provided the transportation services listed above.

NPP/Vendor Signature: Jane Doe Date: 9 / 10 / 23

Mileage Log Submission:

Mail:
10425 W North Ave.
Suite 320
Milwaukee, WI 53226

Walk-in:
10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email: ilsclaims@premier-fms.com

Fax: (877)-334-2619