

**INSTRUCTIONS  
DHS 1136**

**TAXI TRIP RECORD**

**PURPOSE:**

The **DHS 1136** Taxi Trip Record form is used by the Medicaid approved taxi drivers to record taxi services provided to the medically certified fee-for-service recipients in obtaining medical services. This form must be attached to the completed **DHS 1135** Taxi Authorization/Invoice form and submitted to Fiscal Management Office/Benefit Payment/Medical Section (FMO/BPMS) for payment processing.

**GENERAL INSTRUCTIONS:**

- I. Form shall be written legibly in ink.
- II. This form is used:
  - A. to verify that a currently authorized **DHS 1135** is on file for that individual for that month of service;
  - B. to confirm that the pickup and drop off locations are listed on the individual's **DHS 1135** for that month;
  - C. to relay to their taxi driver, the time of the pickup, the pickup and drop off locations and the unit control no. (listed on the **DHS 1135**);
  - D. for after hours emergency taxi service without a currently authorized **DHS 1135**, the taxi driver must:
    - 1. be shown a current Medical Assistance Identification Card or Medical Assistance Coupon with an expiration date not to exceed the taxi service date; and
    - 2. receive a written confirmation from the physician or facility who will provide the emergency service.

**SPECIFIC INSTRUCTIONS:**

- I. Taxi drivers upon being dispatched will complete the following information on the **DHS 1136** form:
  - A. Date Self explanatory
  - B. Address From Example 1: 820 Mililani St., Rm. 717  
Example 2: Aloha Hotel \*  
100 No. Mahalo St.
  - C. Address To Example 1: Dr. John Smith  
100 Castle Rd.  
Example 2: Queen's Medical Center  
100 Punchbowl St.

- II. Taxi drivers upon arrival at the pickup location shall request to see the recipient's Medical Assistance Identification Card or Medical Assistance Coupon and enter the recipient's I.D. number on the form.
- Recipient I.D. No. Example: 0000010001
- III. Taxi drivers before departing the pickup or origination address, must enter:
- Odometer Reading Example: 12,321.6 mi.
- IV. Taxi drivers upon arrival at the drop off location will have recipients sign their names to attest to transportation services received by the taxi driver.
- Recipient's Signature Self explanatory
- For after hours emergency taxi service, shall request that the recipient provide or accompany the recipient in getting a written confirmation from the physician or facility who is providing the emergency service.
- V. Taxi drivers, prior to leaving the drop off location shall complete the following information:
- A. Odometer Reading Example: 12,337.6 mi.
- B. Total Mileage Example: 16 miles
- C. Total meter cost Example: \$12.75
- D. Other Charges Do not complete unless authorized by the MQD medical consultant
- Example: \$2.50
- E. Reason for Other Do not complete unless authorized by the MQD medical consultant
- Example 1: Longs Drug Store at 1330 Pali Hwy.
- Example 2: From and to Honolulu Int'l Airport, Queen's Medical Center and Pagoda Hotel. \*
- F. Driver's Signature Self explanatory
- G. Printed Name of Driver Last, First and Middle Initial
- For recipients on the neighbor islands requiring medical treatment on Oahu, **Residence Address or Otherwise Indicated** would include the addresses of hotels and airports previously authorized by the MD medical consultants.
- VI. Taxi driver will submit the completed **DHS 1136** to the taxi provider to file for payments. All voided **DHS 1136** must also be submitted to the taxi providers.
- VII. The authorized agent for the taxi provider shall verify that all the information on each of the **DHS 1136** Taxi Trip Record form is completed. "OTHER CHARGES" and "REASON FOR OTHER CHARGES" – is to be completed only if applicable.