Medical necessity certification form for trips above 75 miles, one-way





Instructions: This form is to be completed by the **referring physician or other qualified healthcare professional** (primary care provider such as NP, PA, CNM) acting within the scope of their practice. For services that do not require a referral, the treating provider may fill out this form.

The patient you are filling out this form for is utilizing Medicaid's Non-Emergency Transportation (NEMT) service through a curb-to-curb transportation broker, Modivcare. Medicaid members wishing to use this benefit must see the closest Medicaid providers who can render the care required for the member.

I,(provider	r's name) refer Medicaid
member(PRINT)	
, to the facility	
specialist care in the area of	(specialty type), which is located
outside the member's local area because this level of care	e is not available in closer Medicaid-covered
facilities. This member's unique healthcare needs warran	t transportation above 75 miles (one-way) to receive
medically necessary care from this Medicaid provider.	
Referring provider's name and credential (PRINT)):
Referring provider's NPI:	
Referring facility name:	
Destination facility name:	
Provider's name at the destination facility and cr	edential (PRINT):
Medical specialty area:	
Treatment start date:	
Anticipated treatment end date (if known):	
This form is specific to the specialist provider. A separate M	edical Necessity Form will be required for additional
referrals to other providers located outside the 75-mile radi	ius of the member's residence.
Referring/Treating (if applicable) provider's signa	ature:
Date:	

Please return this form to Modivcare's secure fax **(877) 637-9079**. This form must be returned **within four weeks** of the initial appointment at the destination facility, or the member will be denied further rides to this facility.