



Health Care Provider Statement of Medical Need

HEALTHCARE PROVIDER: Please check the appropriate Section(s) that applies to your clients' needs to ensure that the Managed Transportation Organization (MTO) provides Non-Emergency Medical Transportation (NEMT) that is appropriate for your patient's medical condition and/or is medically necessary.

Client Information:		
Client Name:	Date of Birth:	Medicaid ID:
Medicaid Service Diagnosis Code:		
<input type="checkbox"/> Section A. Attendant Services:		
<input type="checkbox"/> Adult client requires an attendant during transport		
<input type="checkbox"/> Child is less than 14, a parent or guardian is required		
<input type="checkbox"/> Child is less than 14, requires two attendants (Need supporting documentation)		
Supporting Documentation:		
<input type="checkbox"/> Section B. Transportation Mode: <i>[Indicate whether the client's medical condition prohibits use of]:</i>		
<input type="checkbox"/> Mass Transit <input type="checkbox"/> Paratransit		
<input type="checkbox"/> Shared Ride (more than one passenger in the vehicle during transport) <input type="checkbox"/> Commercial Air		
<input type="checkbox"/> Other – Please Specify: _____		
Section C. Inpatient Services:		
Facility Name:		
Address:		
Admission Date:	Projected Discharge Date:	
Section D. Out-of-State/Long Distance Travel: <i>[Supporting documentation may be required]</i>		
<input type="checkbox"/> Required services are not available within the State of Texas		
<input type="checkbox"/> Required services are not available in the county or adjacent county of residence		
Facility Information:		
Name:	Phone: ()	
Address:		
Receiving Physician:	NPI:	
Name:	Phone: ()	
Address:		



Health Care Provider Statement of Medical Need

Referring Physician or Physician Completing Form:	
Printed Name:	NPI:
Address:	
Phone Number: ()	Fax Number: ()
Signature:	Date:

Please Fax Completed Form to:

LogistiCare

Attention: Utilization Review Dept.

Fax Number: **855-864-0970**

LogistiCare USE ONLY:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Reviewer:	Date:
Notes:	