

MEDICAID TRANSPORTATION MEDICAL NECESSITY VERIFICATION

Section 1 – Department of Social Services Completes:

Patient/Medicaid Recipient Name	Address	Phone Number
Medicaid Recipient ID Number	County Case # District #	Program/Category
_____ Dept. of Social Services	Caseworker Name	Phone Number

Section 2 – Medicaid Recipient Completes:

I, _____, have requested Medicaid transportation assistance which requires medical necessity authorization. I authorize (Print name of doctor, clinic, etc.) _____ to release the information requested below to the _____ County Department of Social Services.

This authorization is valid for up to one year from the date signed. I understand that I may revoke this authorization at any time by submitting a written request to the County Department of Social Services. I further understand that any action taken on this authorization prior to the rescinded date is legal and binding.

_____/_____
Medicaid Recipient or Representative's Signature Relationship to Recipient Signature Date

Section 3 – Medical Provider Completes:

At the request of the Medicaid recipient, we would appreciate your cooperation in completing the information in Section 3 below.

Medical Provider's Name	Title	Phone Number	Address
Does someone need to accompany the patient to the medical appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, who:	If Yes, medical reason for accompaniment:	Is special transportation needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Type (Van with wheelchair lift, etc.):	If Yes, medical reason for special transportation:
Date of last medical visit:	Period of time medically necessary attendant and special transportation needed: _____ thru _____	Is overnight stay required? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where:	If Yes, medical reason for overnight stay:

_____ Physician Signature Signature Date	DMA-5048 (11/06) Authority: Federal 45 CFR 431.53 & G.S. 108-A-14(3) & (5) Completion: Voluntary Penalty: Medicaid transportation assistance may be affected.
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