

Mass Transit Exclusion Form

Member Name: _____

Member Date of Birth: _____

Member Number: _____

Member Address: _____

Member Telephone: _____

Above member has requested transportation services to your facility. Member meets the parameters for use of mass transit services but has advised existing medical conditions preclude this level of service.

Current exclusions are:

- a. Age over 70
- b. Dialysis patient
- c. Current use of cane or walker
- d. Pregnancy in third trimester or high risk
- e. Appointment for child under age 6 months
- f. Transplant patient
- g. Appointment for two or more children under age five
- h. Over ½ mile of bus stop at both ends of trip

Can the patient use mass transit? Yes No

1. If no, is it due to a **temporary, long term, or permanent** need of the patient? Please note that “long term” and “temporary” transport is valid only for the time indicated.

- Temporary until** _____
- Long Term (up to 1 year)**
- Permanent**

2. Please use the space below to justify exception, enter **all** relevant medical, mental health or physical conditions and/or limitations other than those listed that impacts the exclusion from mass transit use.

Name of person completing
this form

Title

Telephone #

Physician Name

NPI#

Date

Physician Signature

CERTIFICATION STATEMENT: I understand that orders for Medicaid or Medicare funded travel may result from the completion of this form. I certify that the statements made hereon are true, accurate and complete to the best of my knowledge; no material fact has been omitted from this form. This Certification is subject to all applicable federal, state and local laws, regulations, rules, policies and procedures.