**Mass Transit Exclusion Form**

The below 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.

Member Full Name:

Member Date of Birth: \_/ / Member ID Number:

Member Address:

Member Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Can the member use mass transit?  Yes  No**

If no, please use the space below to justify exception, enter **all** relevant medical, mental health or physical conditions and/or limitations other than those listed above that impacts the exclusion from mass transit use.

\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_

Physician Name NPI # Telephone #

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature Date

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.

This form can be faxed or emailed from the provider’s office to Alivi at 855-621-8962 or memberservices@alivi.com. If you have any questions, please call Alivi at the numbers below.

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| Alivi Reservation Line – Sunshine Health LTC/COMP | 786-724-1976 |
| Alivi Reservation Line – Sunshine Health LTC/COMP (Toll-Free) | 888-863-0248 |
| Alivi Reservation Line (Toll Free) – Sunshine Health MMA (Toll-Free) | 844-352-0134 |
| Alivi Reservation Line (Toll Free) – Sunshine Health Mindful Pathways (Toll-Free) | 844-352-1485 |
| Alivi Reservation Line (Toll Free) – Sunshine Health Pathway to Shine (Toll-Free) | 844-352-0414 |
| Alivi Reservation Line (Toll Free) – Sunshine Health Power to Thrive (Toll-Free) | 888-588-9413 |