



modivcare

To: **From: ModivCare Exception (Facility) Dept.**

Fax: **From: 2 (Including Cover sheet)**

Phone: **Date:**

Your Immediate Attention Is Requested

Following this cover sheet is the MDHHS MNF (Medical Necessity Form) for Medivan (Door 2 Door) and Wheelchair transportation service.

The State of Michigan requires this form to be completed and on file, in order to provide the beneficiary with Medicaid funded door 2 door and/or wheelchair transportation services.

The beneficiary's request for upgraded transportation services **will be denied** without the return of this completed form.

The Medical Necessity Form can be completed by a licensed Provider that is knowledgeable of the beneficiary's medical needs, capable of accurately completing the form, and is providing direct medical, behavioral or dental services to the beneficiary.

Please be aware, if the form is not completed and returned, the beneficiary will NOT receive door to door and/or wheelchair transportation.

*****PLEASE NOTE*****

As of 2-1-20 The State of Michigan requires a Medical Necessity Form is on file for door to door and wheelchair services only. Documentation is not required for beneficiaries that are able to ambulate without assistance.

Thank you for your anticipated cooperation,

Modivcare Exceptions

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