



modivcare

To: **From:** Modivcare - Transportation Department

Fax: **Fax:** 1-866-569-1906

Phone: **Phone:** 1-866-569-1902

Pages: 2 (Including Cover sheet)

Your Immediate Attention Is Requested

Following this cover sheet is the PTR FORM (Physician's Transportation Restriction Form).

The restrictions and requirements stated on this form will be used by Modivcare to determine the best means of transportation for the patient/member.

The PTR form should be completed by a primary care physician (PCP), physician's assistant, physician specialist, nurse practitioner, and other licensed providers working under the supervision of the PCP. The licensed provider must be knowledgeable of the patient's medical needs, capable of accurately completing the form, and is providing direct medical or behavioral services to the patient.

Please be aware, if the form is not completed and returned, the member will receive the most appropriate means of transportation.

Thank you for your anticipated cooperation,
Modivcare

CONFIDENTIALITY STATEMENT

This message, together with any attachments, is intended only for the use of the individual or entity to which it is addressed. It may contain information that is confidential and prohibited from disclosure. If you are not the intended recipient, you are hereby notified that any dissemination or copying of this message or any attachment is strictly prohibited. If you have received this transmittal in error, please notify the original sender immediately by telephone or by return e-mail and delete this message, along with any attachments, from your computer.