LogistiCare - Iowa Ancillary Services Form

Please and Fax to 1-866-535-0246

Facility Line: 1-866-277-8962 prompt 1

Urgent Request (> 2 Day Notice) _____ **Or** **Non-Urgent Request (< 2 Day Notice)** _____

Member's Name: _____ **Parent/Guardian Name:** _____

Medical ID# _____ **Health Plan:** Amerigroup **DOB:** _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP Code:** _____ **Phone #:** _____

Destination Information

Destination Facility: _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____ **Phone #:** _____

Doctor's Name: _____ **Appt/Admission Date:** _____ **Time:** _____

Doctor's Name: _____ **Appt/Admission Date:** _____ **Time:** _____

Medical Reason for Appointment: _____

Services Needed

Please Check **Gas Reimbursement** _____ **Lodging** _____ **Meals** _____ **Transportation** _____

Trip Is: **One Way** _____ **Round Trip** _____ **One Way Mileage:** _____

Transportation LOS **Ambulatory** _____ **Wheelchair** _____ **Stretcher** _____

Lodging: **Check In Date:** _____ **Check Out Date:** _____ **Meals Number of Days:** _____

Hotel Name: _____ **Confirmation #:** _____

Hotel Address: _____ **Phone:** _____

Reimbursement Name and SS# (REQUIRED): _____

Authorization Information

Reason for Request: **Over 250 Miles** _____ **Out-Of-State** _____ **Meals & Lodging** _____

Notes: _____

Name of LogistiCare Representative: _____

Email Address: _____ **Phone:** _____ **Ext.** _____

Health Plan to Complete the Following Section

Approved _____ **Denied:** _____

Notes: _____

Name of Health Plan Representative: _____

Email Address: _____ **Phone:** _____ **Ext.** _____

LogistiCare Use Only

Date Entered: _____ **Date/Time Sent to Plan:** _____ **Date/Time Rec'd from Plan:** _____

Approval Status: _____ **Date/Time Member Notified:** _____

Gas Trip Date:		**Trip #:**		**Total Mileage:**		**Amount:**	
Transportation:		**Trip #:**		**Total Mileage:**		**TP:**	
Lodging Trip Date:		**Trip #:**		**# of Nights:**		**Amount:**	
Meals Trip Date:		**Trip #:**		**# of Days:**		**Amount:**	