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South Portland, ME 04106
mymodivcare.com

Certification of Medical Necessity of Mode of Transportation
MaineCare covered services
(Fax #: 1-877-637-9091)

Instructions: Type or print clearly. All areas of this form must be completed and signed by a medical **care provider to verify the mode of transportation required for the member. Only submissions from a physician, physician's assistant, nurse practitioner or psychiatrist** will be considered.

Patient/Member Name:	MaineCare ID#:	Date of birth:

Please complete all the questions regarding the MaineCare member's needs.

1. If the patient is medically unable to use mass transit, such as a bus or train, when/where it is available for a temporary reason, please explain why. Include any relevant diagnosis and the date the member can continue with mass transit.

2. If the patient requires assistance from a family member or aide (escort) during transportation, please provide the medical reasons why this support is required, including any relevant diagnosis.

3. If the patient's mobility or medical condition requires them to be in a vehicle that is lower to the ground (car, sedan) as opposed to a van or SUV, please provide the reasons and include any relevant diagnosis.

4. Does the patient have any diagnosis or condition that requires any other accommodation in transportation services? Please provide the follow information for all of the below:

Relevant Condition or Diagnosis:

Accommodation needed (be specific):

Reason/s the accommodation is clinically necessary:

Likely result if this accommodation is not provided:

5. Are any of the above accommodation needs expected to be short term? If so, please explain.

Verifying Provider Information:			
Provider License #:	Practice/Facility Name:	Practice/Facility NPI#	Phone #:

Provider Name/Title (Print):

Provider Signature: Date: