

MedRide LLC.

To be valid, the Attending physician, Physician's Assistant, Nurse Practitioner, Therapist or other licensed healthcare professional must complete and sign this certification. The least costly and most appropriate means of travel must be utilized.

Patient Name: _____ **Patient Medicaid #** _____

Patient Address: _____

Patient DOB: _____ **Patient Contact #:** _____

PLEASE CHECK ALL MEDICAL CONDITIONS BELOW THAT APPLY TO THIS PATIENT:

- Unable to travel alone, needs service attendant Bariatric Patient: Weight ____ Height ____
- Requires Oxygen that is self-administered Pediatric Patient
- Traveling with an ADA service animal

PLEASE SELECT WHICH MODE(S) OF TRANSPORTATION THE PATIENT NEEDS:

Mileage Reimbursement

Does the patient own a Vehicle or have a friend, family member, volunteer who is willing to drive them to and from their medical appointments?

Privately contracted vehicle / Taxi Service

Does patient not own a Vehicle or have a friend, family member, or volunteer who is willing to take them to appointments? Is the patient able to get into and out of the regular sedan style vehicle?

Non-Emergency Ambulance Service

This service cannot be selected solely for lifting needs without having any additional medical necessity present. Please check all that apply.

- Potentially combative-dementia of behavioral**
- IV fluid administration and monitoring**
- Medication administration en-route**
- Advanced airway management including suctioning or vents**
- Oxygen administration by medical personnel**
- Medical supervision during transport**

I affirm that the above statements are true and accurate to the best of my knowledge and federal funds will be used for the service I am requesting on behalf of my patient and the most medically appropriate service is being requested.

Name of licensed Medical Provider: _____ **Signature of Medical Provider:** _____

Date Signed: _____ **Phone number of Provider:** _____

Certification expiration date: _____ **OR** **Expiry Date "INDEFINITE"** _____