

Blue Choice Option

Patient Name: _____

Address: _____

Medicaid # _____ DOB: _____

Phone #: _____

Cab transportation is reserved for individuals with a current significant condition or physical limitation that precludes them from riding the bus or using another form of transportation generally available to them such as a car. It is not meant to be used purely as a convenience for the member. Patients can order bus passes by calling 244-5550 and following the prompts for transportation.

Monroe Plan for Medical Care directly pays for this service. In order for us to provide transportation services to your patient or client, we must have a current medical form on file (a new form is required every 6 months). If all sections of this form are not completed, the form will be marked incomplete and returned. Please allow two business days for processing. **Do not return the completed form to the patient.** Please fax it to (585) 654-9571 or mail it to: Monroe Plan for Medical Care, Attn: Member Services, 2700 Elmwood Avenue, Rochester, NY 14618.

Does the patient or a household member have access to a working car? Yes No
 - Can the patient use this form of transportation to get to their appointment? Yes No If no, why? _____

What mode of transportation does the patient use for non-medical appointments? car bus Other _____

Can the patient take a bus? Yes No. If yes, please have the patient call 244-5550 for a bus pass. Do not continue this form.

Does the patient need alternative transportation including a cab? Yes No. If yes, continue with form, if no, Stop – patient is not eligible for non-emergency transportation. Please have patient call 244-5550 for a bus pass .

Does the patient currently meet eligibility criteria: patient’s individual functional abilities and limitations makes them unable to board or exit a fixed route bus, get to or from a bus stop due to physical and environmental barriers, or does not understand how to ride the bus due to a cognitive disability? Yes No. If yes, continue with form, if no, Stop – patient is not eligible for non-emergency transportation. Please have patient call 244-5550 for a bus pass .

For non-mental health patients: Do you believe the condition is permanent? Yes No

Diagnosis or condition causing functional limitation(s) including pregnancy or behavioral health condition: _____

Check functional limitation(s) that prevent use of public transportation:

- Use of portable oxygen or other necessary equipment that the patient is unable to carry
- Limited use, or no use, of one or both legs (i.e. Broken leg)
- Inability to walk 50-60 feet without stopping (approximate length of a supermarket aisle)
- 3rd Trimester of Pregnancy
- Traveling with 2 or more children under the age of 5
- Unable to understand how to ride the bus; please specify: _____
- Other limitation: _____

Transportation Requested:

Car/Van____ Chair mobile____ Stretcher Van____ Lift Line____

Can the patient travel alone? Yes____ No____ If no, please state reason_____

Indicate the number of months that transportation will be needed (not to exceed 6 months) _____ months.

Certification Statement: I (or the entity) certify under penalty of perjury that everything for this request is the true and that anyone who knowingly lies or hides the truth in order to receive services under this program is committing a crime and subject to federal and state penalties. I also understand that my patient chart records can be audited to verify the above information.

Attending Physician/PA/NP name (please print): _____

Attending Physician/PA/NP Signature: _____

Telephone #: _____ Address: _____ Date: _____