



Physician Certification Statement Form - Request For Transportation

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED OR IT WILL NOT BE PROCESSED

The purpose of this form is for physicians to communicate to Modivcare[™] specific transportation restrictions of a patient/member due to a **medical condition**. The restrictions and requirements stated on this form will be used by Modivcare to assign the best means of transportation for the patient/member.

THEREFORE, THE STATEMENTS MADE BY PHYSICIANS REGARDING PATIENT TRANSPORTATION RESTRICTIONS ARE MADE UNDER PENALTY OF MEDICAID FRAUD.

Patient name:

Patient ID #/CIN #:	_ Patient DOB:			
If the patient requires NEMT , refer to page 2 to d Then, select one of the following:	etermine the medic	cally necess	sary mode of	f transport.
☐ Gurney/litter/stretcher van ☐ BLS ambulance ☐ Air transportation ☐ Wheelchair van	□ ALS ambulance	□ Critical o	care transpor	t
These services require physician justification and	signature below.			
Duration of services (based on continued health	າ plan eligibility):			
Start Date: ☐ 60 days ☐ 90 days	□ 180 days □ 3	65 days (Chr	onic condition	າ only)
Transportation under Medi-Cal is covered only when the travel by bus, passenger car, taxi, or other form of public patient's limitations and provide specific physical and me ambulate without assistance or be transported by public patient from traveling by bus, passenger car, taxi, or	or private conveyance edical limitations that property or private vehicles. Ple	e. The physicia reclude the pa ease documer	an is required to tient's ability to nt below: What	o document the reasonably
The physician, dentist or podiatrist responsible for provincessity for transportation. This certificate can be comindependent practice association (IPA), primary car substance use disorder provider, certified midwife, hospital, facility or physician's office where the patie at the time of completion of this certificate. Staff/physician's name (print):	pleted and signed by prepriete physician (PCP), Monor or discharge planner ent is being treated and	participating D, LVN, RN, F r who is emplo	physician gro PA, NP, menta byed or supervis	up (PPG), al health provider sed by the
Staff/physician's signature:	Title:_			
Date:	Contact pho	ne: ()		

Community Health Plan of Imperial Valley ("CHPIV") is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV members. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved. CONFIDENTIALITY NOTE FOR FAX TRANSMISSION: This facsimile may contain confidential information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained in this transmission is strictly PROHIBITED. If you have received this transmission in error, please notify the sender immediately by phone or by return fax and destroy this transmission, along with any attachments. If you no longer wish to receive fax notices from Provider Communications, please email us at provider.communications@healthnet.com indicating the fax number(s) covered by your request. We will comply with your request within 30 days or less. 23-626 (7/23)

Please return form by fax to Modivcare, Attention: Utilization Review at 877-457-3352.





Description of transportation services		
Gurney/litter/stretcher van	Patient is confined to a bed and cannot sit in a wheelchair but does not require medical attention or monitoring during transport.	
BLS ambulance	Patient is confined to a bed, cannot sit in a wheelchair, and requires medical attention or monitoring during transport for reasons, such as:	
	Isolation precautions.Non-self-administered oxygen.Sedation.	
ALS ambulance	Patient is confined to a bed, cannot sit in a wheelchair, and requires medical attention or monitoring during transport for reasons, such as: • IV requiring monitoring. • Cardiac monitoring. • Tracheotomy.	
Critical care transport	Patient has a special condition that requires the presence of a critical care nurse or a medical doctor during transport.	
Air transportation	Requires prior authorization from the plan.	
Wheelchair van	Patient is a wheelchair user and requires lift-equipped or roll-up wheelchair vehicle.	