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New York Operations

Physician's Transportation Restriction Form (NASSAU COUNTY ONLY)

The purpose of this form is for physicians to communicate to Logisticare specific transportation restrictions of patients **due to a medical condition.** The restrictions and requirements declared by physicians using this form will be used by LogistiCare to arrange the best means of transportation for the patient as defined by the health plan. THEREFORE THE STATEMENTS MADE BY PHYSICIANS REGARDING PATIENT TRANSPORTATION RESTRICTIONS ARE MADE UNDER PENALTY OF MEDICAID FRAUD.

Today's date: _____ Patient's Name: _____

Patient's Medicaid ID Number:_____ Patient's D.O.B.:_____/_____/_____

***To be Completed By Physician** (Please Print where applicable):*

Transportation Needs: **(Please check ALL that apply)**

- θ . . . . . Patient is medically unable to walk .70 mile or 10 blocks.
- θ. . . . . Patient is medically unable to be driven by friend or family member
- θ. . . . . Patient is medically unable to use public transportation
- θ. . . . . Patient is medically able to use public transportation
- θ. . . . . Patient is medically able to use public transportation ONLY if accompanied by a companion (In such case LogistiCare will pay for companion fare.)
- θ . . . . . Patient needs wheelchair vehicle
- θ. . . . . Other needs (specify): _____

Does this patient travel by public transportation for other purposes such as shopping, etc?
Yes_____ No_____

Date(s) of medical appointments:_____
If patient is unable to use public transportation, please describe the medical condition that requires livery or wheelchair transportation.

_____

_____

Period of incapacity: 60 days_____ 90 days_____ 180 days _____

Explain: _____

Physician's Name (print): _____

Physician's phone no.: (_____) _____-_____

Medicaid Provider Number: _____

Please make sure form is filled out accurately and completely before signing.

Physician's Signature: **X** _____ Date: _____

Please return form by facsimile to 877-272-3768, to the attention of Emily Cartagena, UR Supervisor.