

Attendant authorization form for Medicaid minors



modivcare



Utah Department of
Health & Human Services
Integrated Healthcare

Child's name (first, last) _____ Medicaid ID number _____

Date of birth _____

I, _____ (parent/guardian name), am the parent or legal guardian of the child named above. I am authorizing the individuals listed below to accompany my child on non-emergency medical transportation rides with Modivcare to and from healthcare services covered by Utah Medicaid. I understand that the authorized attendant may not be younger than 18 years old. Children, 16 and 17, may travel unaccompanied, provided a separate consent form is filed with Modivcare (for more information, contact Modivcare).

| | First and last name | Date of birth | Phone number |
|--|---------------------|---------------|--------------|
| Parent <input type="checkbox"/> Guardian <input type="checkbox"/> | | | |
| Parent <input type="checkbox"/> Guardian <input type="checkbox"/> | | | |
| Authorized attendant #1 | | | |
| Authorized attendant #2 | | | |

It is my choice to authorize the above-listed individuals to be attendants. By signing this form, I acknowledge the risks of allowing another person to travel with my child on healthcare trips arranged with Modivcare. This agreement will stay in effect until I void it or replace it.

Parent or legal guardian's signature

Date

Two things must happen before the authorized attendants listed above can ride with the child to and from the covered healthcare services:

1. This form must be on file with Modivcare.
2. The authorized attendant must show a photo ID to the driver.

Fill out and return this form to:

Email: UTExceptions@modivcare.com

Mail: Modivcare Facility Department, 4615 E. Elwood Street, Suite 300, Phoenix, AZ 85040

Fax: (877) 637- 9079