



**Human
Services**

TEL 919 212 7000

220 Swinburne Street • P.O. Box 46833 • Raleigh, NC 27610
www.WakeGov.com

MEDICAID TRANSPORTATION VERIFICATION OF RECEIPT OF MEDICAID COVERED SERVICE

TO: Medicaid Enrolled Provider

From: Wake County Department of Social Services

Note: The County has the authority to administer the Medicaid program for the North Carolina Department of Health and Human Services Division of Medical Assistance pursuant to N.C.G.S. 108A-25 and rules adopted by the State of North Carolina.

When transportation assistance is provided to a Medicaid recipient, for audit purposes, it is necessary for the county to document that the individual received a Medicaid covered service from a Medicaid-enrolled provider on the date of transport. Please complete the following:

This is to certify that _____
(Medicaid recipient's name/Medicaid ID Number)

visited this office or facility on _____ and received a Medicaid covered service.
(date)

Name of Medicaid provider/facility: _____

Name/Title of individual completing form (please print) _____

Phone number of person completing form _____

Signature of person completing form: _____