



Healthcare Provider Statement of Medical Need

Healthcare Provider: Please check the appropriate section(s) that apply to your Clients' needs to ensure that the Managed Transportation Organization (MTO) provides Non-Emergency Medical Transportation (NEMT) that is appropriate for your patient's medical condition and/or is medically necessary.

Client Information:		
Client Name	Date of Birth:	Medicaid ID:
Medicaid Service Diagnosis Code:		
* <input type="checkbox"/> Section A. Attendant Services:		
<input type="checkbox"/> Adult Client requires an attendant during transport		
<input type="checkbox"/> Child younger than 14 years of age requires both Parents/Legal Guardian during out-patient visits or in- patient stay		
Justification: _____		
* <input type="checkbox"/> Section B. Transportation Mode: <i>(Indicate whether the Client's medical condition <u>prohibits use of</u>):</i>		
<input type="checkbox"/> Mass Transit		
<input type="checkbox"/> Para-transit		
<input type="checkbox"/> Shared Ride (more than one passenger in the vehicle during transport)		
<input type="checkbox"/> Commercial Air		
<input type="checkbox"/> Other – Please Specify: _____		
<input type="checkbox"/> Section C. Inpatient Services:		
Facility Name:		
Address:		
Admission Date:	Projected Discharge Date:	
<input type="checkbox"/> Section D. Out-of-State/Long Distance Travel: <i>(Supporting documentation may be required)</i>		
<input type="checkbox"/> Required services are not available within the State of Texas		
<input type="checkbox"/> Required services are not available in the county or adjacent county of residence		
Justification: _____		
Facility Information:		
Name:	Phone:	
Address:		
Receiving Physician:	NPI:	
Name:	Phone:	
Address:		



Referring Physician or Physician Completing Form:	
Printed Name:	NPI:
Address:	
Phone Number:	Fax Number:
Signature:	Date:

Please fax completed form to MTM, Inc.

Attention: Texas Care Management

Fax Number: (877)-406-0658

PLEASE SEND ALSO TO MTM HOUSTON LOCAL OFFICE 713 680 4501

(MTM, Inc.) Use only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Reviewer:	Date:
Notes: _____	

