



SafeRide Health
 18302 Talavera Ridge, Suite 300
 San Antonio, TX 78257
 sunflower_authorizations@saferridehealth.com

CERTIFICATION BY MEDICAL PROVIDER FOR TRANSPORTATION SERVICES

This form must be completed and signed by a primary care physician or designee (physician assistant, nurse practitioner, or clinical nurse specialist). Form will be returned and/or invalidated if not totally completed.

Beneficiary name Medicaid ID #

Initial all that apply:

<input type="checkbox"/>	Ambulatory and does not require a wheelchair (Level I)
<input type="checkbox"/>	Ambulatory but requires walker, cane, or personal assistance (Level I)
<input type="checkbox"/>	Occasionally may require a wheelchair due to weakened physical condition, i.e. chemotherapy, radiation, outpatient surgery or dialysis (Level I or Level II) <i>Note: This will allow transportation providers to bill for the actual service provided.</i>
<input type="checkbox"/>	Permanently confined to a wheelchair (Level II)
<input type="checkbox"/>	Temporarily confined to a wheelchair, <i>expected duration:</i> _____ (Level II) <i>Note: After the expected duration has expired, beneficiary must have medical provider complete a new certification form.</i>
<input type="checkbox"/>	Nonambulatory, requires a stretcher for transportation (Level II)
<input type="checkbox"/>	Other, <i>explain:</i>

I certify I have reviewed this person's history and condition, and the information is accurate and complete.

Prescriber's name/credentials (physician, physician assistant, nurse practitioner, or clinical nurse specialist) Please print.	Prescriber's phone number
	Prescriber's fax number
Prescriber's signature	Date

This form is valid for up to one year or less, unless the field indicating permanent wheelchair is checked.

- * **Level I:** Able to ambulate (able to walk).
- * **Level II:** Unable to ambulate (unable to walk), needs a wheelchair.
- * **If the beneficiary's condition *improves* and no longer requires Level II services, the physician must complete a new form to change to a Level I in the system.**

Send completed form to SafeRide Health.

- **Email:** sunflower_authorizations@saferridehealth.com
- **Fax:** 1-888-405-0375
- **Mail:** SafeRide Health Alternative Transportation Department, 18302 Talavera Ridge, Suite 300, San Antonio, TX 78257