



Instructions

Physician Certification Statement of Medical Necessity for Non-Emergency Medical Transport

Questions about the Physician Certification Statement (PCS) of medical necessity for Non-Emergency Medical Transportation (NEMT) request form? Call the Alliance Transportation department at (831) 430-5577 or Toll Free (800) 700-3874 ext. 5577.

Member Information: Enter First and Last Name of member.

Medi-Cal ID #: Enter CIN Number / ID Number.

- 1) Dates of Service: Enter Start and End dates for Transportation Services: authorization may be maximum of 12 months, (e.g. 09/01/17 to 09/01/18). Form is not valid if a date range is not entered.
- 2) Appt. Time: If form request is only valid for a day, enter specific time of appt. If request is for a date range, enter "Appt. Time Varies."
- 3) Days/week transportation is needed: Check all days of the week that apply.

Documentation to support Medical Necessity:

- 4) Diagnosis to support visit(s): Please enter diagnosis pertinent to your care of member, or specific to member's mobility limitations
- 5) Medical purpose/justification for visit(s): Enter "ongoing medical care," or other, more specific description
- 6) Functional limitations: Please explain member's mobility challenges with getting to appointments
- 7) Gurney Requested: Circle or write-in appropriate information
- 8) Wheelchair requested: Circle or write-in appropriate information

Signature of Physician or Healthcare Professional Certifying Need for Transportation: Physical signature and all fields are required. Telephone orders and/or signature stamps are not valid.

Submission Directions: Fax the completed form to (831) 430-5850.

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