



Medically Necessary Attendant Form

Member's healthcare provider must complete this form.

Member's Name: _____

Date of Birth: _____

Member's Medicaid Number: _____

Appointment Date: _____

Referring Healthcare Provider: _____

Healthcare Provider's Phone Number: _____

Medical Transportation Management (MTM) is responsible for authorizing Non-Emergency Medical Transportation in your area. The Member named above is requesting an attendant to accompany them to their medical appointments. An attendant may escort a Member with physical, developmental, or cognitive disabilities. An attendant may also escort a Member if the healthcare provider has no means to accommodate a language barrier.

Please check the appropriate box below to indicate the Member's current need:

- Member requires assistance during transportation due to a physical disability.
- Member requires supervision while being transported due to a developmental disability.
- Member requires supervision while being transported due to a cognitive issue.
- Member requires an attendant when attending medical appointments at this facility. This healthcare provider's office has no translator available to assist Member.

Healthcare Provider Signature

Date

National Provider ID Number

Please complete and return this Medically Necessary Attendant Form to MTM. MTM cannot arrange transportation to the requested location until we review and process this document.

Fax
877-406-0658

Mail
MTM
Attn: MTM Utilization Management
16 Hawk Ridge Drive
Lake St. Louis, MO 63367