

**IN-STATE, OUT-OF-AREA/OUT-OF-STATE MEDICAID TRANSPORTATION
PHYSICIAN REFERRAL FORM**

The Department of Vermont Health Access provides travel assistance to eligible Medicaid recipients to access necessary medical services. Please provide the following information to help us provide that assistance. Thank you.

*Physician's Office: Please mail or fax completed form to:
Medicaid Transportation, Department of Vermont Health Access,
312 Hurricane Lane, Suite 201, Williston, VT 05495 / Fax: (802) 879-5919.*

Client Name _____

Medicaid Number _____ DOB _____

Appointment Date and Time _____

Name of Primary Physician _____

Name of physician to whom
patient is being referred _____

Address _____

Phone # _____

Is overnight lodging necessary? Yes _____ No _____

Medically, how many people should accompany the patient? _____

Local Transportation Broker Name: _____

Address: _____

Phone #: _____

Please describe the specific service or care requested: _____

Please check "yes" or "no" to all of the following questions. If necessary, use an additional sheet of paper:

- | <u>YES</u> | <u>NO</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is this service obtainable in Vermont? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have efforts been made to find a closer provider? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the requested physician possess special expertise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is it medically necessary for this physician to treat this patient? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the patient have a history with this specific provider? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can another physician take over this case if a history does exist? |

If necessary, please add any further information: _____

Print name of Doctor or Doctor's Staff providing information

Signature of Doctor or Doctor's Staff providing information
(if phone contact, broker staff filling out this form)

Date