



PARENTAL ACCOMPANIMENT FORM

Child's Name: _____ Child's Medicaid Number: _____

Child's Date of Birth: _____ Child's Age: _____

My name is _____. I am the Parent/Legal Guardian of the child under 15 years of age named above. I have asked Medical Transportation Management (MTM) to set up rides to get my child to and from their Medicaid/CSHCN healthcare appointments. In the chart below I am listing facts about other adults I have chosen to be attendants for my child. These adults are authorized to go with my child to and from their Medicaid/CSHCN covered healthcare appointments.

Table with 4 columns: Role, First, Middle, Last Name, Address, Phone Number. Rows include Parent/Guardian, Authorized Attendant 1, and Authorized Attendant 2.

It is my choice to authorize these people to be attendants. By signing this form, I am showing that I know the risks that go with allowing another person to travel with my child on healthcare trips set up through MTM. I know this agreement will stay in effect until I write to MTM to change or replace it.

- By signing below I swear that, to the best of my knowledge, the authorized adults named above are not 1) the doctor or specialist providing the child's Medicaid services, 2) an employee of that Medicaid provider, or 3) someone paid by that provider.

Signature of Parent/Legal Guardian _____ Date _____

Two things must happen before an authorized attendant listed above can ride with my child who is under 15 years of age, to and from a covered healthcare appointment:
1) This form must be on file with MTM or be given to the driver when the driver picks up the child for the health-care visit.
2) The authorized attendant must show driver a photo ID.

Please fill out this Parental Accompaniment Form and mail or fax to MTM.

MTM
Attention: Texas Care Management
5151 Mitchelldale Street, Suite A10
Houston, TX 77092
Fax: 1-877-406-0658