



Distance Verification Form

Medical Transportation Management (MTM), Inc. is responsible for authorizing Non-Emergency Medical Transportation for Idaho Medicaid members. This form is used to validate the member's need to travel for access to medically necessary services. **The referring healthcare provider must complete this form and return it to MTM before transportation services can be prior-authorized and arranged.**

Member's Name: _____ Date of Birth: _____

Member's Medicaid Number: _____ Appt. Date: _____

Referring Healthcare Provider: _____

Referring Healthcare Provider's NPI / Phone Number: _____

You have referred the member above to:

Facility Name: _____

Facility Address: _____

Facility NPI / Phone Number: _____

Treating Physician Name: _____

Treating Physician NPI / Phone number: _____

Service(s) to be provided by treating Physician: _____

The Member named above is requesting transportation to a healthcare provider located outside of their covered service area. Members must use a healthcare provider closest to their home that can accommodate their medical needs. **Please explain the reason these services cannot be provided by a healthcare provider closer to their home:**

Length of authorization: One Time or Other (specify expiration date): _____

Referring Healthcare Provider's Signature

Date

**Fax to: 844-879-7347 Attn: MTM Utilization Management
16 Hawk Ridge Drive Lake St. Louis, MO 63367**

