



Physician Certification Form – Request for Non-Emergency Medical Transportation (NEMT)

Please complete the Alameda Alliance for Health (Alliance) Physician Certification Form – Request for Non-Emergency Medical Transportation (NEMT) Form to request NEMT services for Alliance members. NEMT includes transportation by ambulance, wheelchair, and gurney vans for medically necessary covered services, specifically when the patient is non-ambulatory. All NEMT trips include door-to-door service.

INSTRUCTIONS

- 1. Please print clearly, or type in all of the fields below.
2. Please complete the form and fax or email it to:

Alameda Alliance for Health
ATTN: Case and Disease Management Department – Request for Transportation
Fax Number: 1.510.747.4130
Email: DeptCMDM@AlamedaAlliance.org

Questions? Please call Alliance Case Management Department at 1.510.747.4512.

PLEASE NOTE: A PCS form is only required to request NEMT services. A PCS form is not required for non-medical transportation (NMT) level services such as a bus, taxi or car. To request and schedule NMT services, Alliance members can call Alliance Transportation Services toll-free at 1.866.791.4158.

SECTION 1: MEMBER INFORMATION
Last Name: _____ First Name: _____
Date of Birth (MM/DD/YYYY): _____ Alliance Member ID #: _____
Phone Number: _____ [] Home [] Cell

SECTION 2: TRANSPORTATION NEEDS
Non-emergency medical transportation (NEMT) request (please select only one (1) level of service):
[] Air transport (additional verification information needed for approval)
[] Ambulance (including basic life support (BLS), advanced life support (ALS), critical care transport (CCT), specialty care transport (SCT), bariatric patients, and patients who require oxygen not self-administered or regulated)
[] Litter van/gurney van (for bedbound patients, including bariatric patients)
[] Wheelchair van (including bariatric patients)

SECTION 2: TRANSPORTATION NEEDS (cont.)

Duration (from date of signature below):

- 3 months
- 6 months
- 9 months
- 12 months (max duration)**
- Other: _____

SECTION 3: FUNCTION LIMITATIONS JUSTIFICATION

Please describe the member's specific physical and medical limitations that prevent the member's ability to reasonably ambulate without assistance or be transported by public or private vehicles (please select only one (1)):

- Member is a dialysis recipient
- Member has leg weakness, mobility limitations or fall risk
- Member has severe mental confusion
- Other, please describe: _____

SECTION 4: CERTIFICATION FOR NON-EMERGENCY MEDICAL TRANSPORTATION

The provider who is responsible for providing care for the member is responsible for determining the medical necessity for transportation. This certificate can be completed and signed by an MD, DO, PA, NP, CNM, physical therapist, speech therapist, occupational therapist, or mental health or substance use disorder provider who is employed or supervised by a hospital, facility, or physician's office where the patient is being treated and who has knowledge of the patient's condition at the time of completion of this certificate, except for requests relating to hospice or home health services, which must be signed by an MD or DO.

Provider Last Name: _____ Provider First Name: _____

Provider Credential: _____ Phone Number: _____

Signature: _____ Date: _____