Medically Appropriate Mode Form

This form must be completed by a healthcare provider indicating the most medically appropriate mode(s) of transportation for the HUSKY Health member.

MEMBER INFORMATION	
First Name	Last Name
Medicaid ID Number	Date of Birth (MM/DD/YYYY)

Please check all that apply to member:			
	☐ Requires oxygen that is self-administered	☐ Pediatric, Age: _____	☐ Has Multi-Loading Restriction If checked, please specify multi-loading restrictions: _____
	☐ Traveling with ADA service animal	☐ Bariatric, Weight: _____ Height: _____	
	☐ Wheelchair	☐ Durable Medical Equipment	☐ Other, please list: _____

Which transportation option is best suited for this member?	Diagnosis / Medical Necessity
☐ Public Transportation (select if member has no multi-loading restrictions and can walk 0.75 miles at a time)	
☐ Livery / IDP (select if member cannot take public transit and can get into/out of a regular sedan style vehicle)	
☐ Wheelchair Vehicle (select if member requires a wheelchair accessible vehicle)	
☐ BLS (select if member requires Basic Life Support (BLS) during transport)	
☐ ALS (select if member requires Advanced Life Support (ALS) during transport)	

How long will the member require this level of service?	Supporting Information
_____Weeks _____Months	Please include any additional supporting information that would help Veyo understand the member's medical circumstance / needs.

PROVIDER INFORMATION		
Provider First Name	Provider Last Name	Facility Phone

I understand that if I have given false information or intentionally failed to disclose information, I may be subject to prosecution, criminal, civil, or both. I certify under penalty of perjury, that I have obtained the information on the form from the patient or their representative, and the information provided is accurate to the best of my knowledge.

X _____ _____

Provider's Signature Date

Please submit completed forms by email at ctcc@veyo.com, or fax to 860-724-2159, or mail to Veyo, Attn: Clinical Coordinator, 100 Pearl St., 14th Floor, Hartford, CT 06103