Paratransit Services
4810 Auto Center Way
Bremerton, WA 98312

Medical Provider Phone number/Fax
Date: 855-553-0355 Fax 360-373-0502

Client Name: DOB: Client's city of residence:

Providers Name: Type of Specialty or Primary Care:

Facility Name and City: Fax#:

Dear Provider,
The above referenced client is requesting Medicaid funded Non Emergency Medical Transportation (NEMT) to your location for medically necessary care. Our information indicates that care is available within or closer to the above referenced client's local community. Paratransit Services is limited to providing NEMT to within the client's local community or to the provider closest to the client's local community who is capable of providing the medically necessary care. An exception may be made if there is a reason for continuity of care (please see attached Washington Administrative Code). To assist us in determining if we can provide NEMT to your office, **Please mark the appropriate response and return to Paratransit Services:**

☐ **I am providing care that is beyond the scope of closer providers**

☐ **There are no closer providers to the client's local community who are available to provide the medically necessary care.**

☐ **The client may be harmed by attempting to transition care at this time.**

Please provide the date that the client's care can be transitioned to a closer provider:

OR:

☐ **None of the above apply.**

_____
Signature /Date (**this form will not be accepted if not signed by a licensed medical or mental health professional**) – **IF Electronically signed, please specify that after signature**

_____
Printed name and degree or professional title

Paratransit Services is a HIPAA Business Partner with the State of Washington Health Care Authority: Please refer to:
http://www.hca.wa.gov/medicaid/transportation/Documents/hipaa_business_associates.pdf
for more information.

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