

**Paratransit Services
4810 Auto Center Way
Bremerton, WA 98312**

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

Date:

Client Name: D.O.B.

Name of Referring Provider: Fax#:

Referred to Specialty: Referred To Provider (name):

Facility Name and City: Appointment Date (if any):

The above referenced client was referred by you to a specialty that is outside of the client's local community. In order for Paratransit Services to provide Medicaid funded non emergency medical transportation in accordance with Washington Administrative Code 182-546-5700, we must have documentation that the medically necessary care is not available within or closer to the client's local community.

If the below information is correct, please sign this form and return to Paratransit Service via fax at 360-373-0502

Care for the above referenced client outside of the local community is a medical necessity. I have attempted to find a specialist capable and or willing to accept this client closer to the client's local community without success.

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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