MEDICAL CERTIFICATE OF TRANSPORTATION SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 249 (8-2024)

Clear Fields

The member's medical provider has determined that the mode of Non-Emergency Medical Transportation (NEMT) indicated on this form is medically appropriate based on the member's medical condition. A copy of this form must be furnished to the NEMT provider and a copy kept in the patient's medical record.

Member Name	Member Medicaid ID Number	Date of Birth

Medical Conditions that Apply to this Patient (check all that apply)

- ☐ Requires oxygen that is self-administered
- ☐ Bariatric patient
- ☐ Traveling with an ADA service animal
- ☐ Other (specify): _____

Reason for Non-Emergency Transport (required)

Type of NEMT Authorized

☐ **Wheelchair Van Service**
Member must be confined to a wheelchair.

☐ **Stretcher Van Service**
Member must require transport in a reclining position on a stretcher or gurney, is medically stable and does not require any medical monitoring during transport.

☐ **Non-Emergency Ambulance Service**
This service cannot be selected solely for lifting needs without having an additional medical condition present.

Check all that apply to the reasoning for this patient

- ☐ Potentially combative - Dementia or behavioral
- ☐ Oxygen administration by medical personnel
- ☐ IV fluid administration and monitoring
- ☐ Cardiac or other specialized monitoring
- ☐ Medication administration en route
- ☐ Advanced airway management including suctioning or vents
- ☐ Other (specify):_____

I attest that the information contained herein is complete and accurate to the best of my knowledge and supported in the member's medical record.

Printed Name of Medical Provider	
Printed Name of Individual Completing Form	Telephone Number
Signature of Individual Completing Form	Date

The information utilized on this form is gathered to assist in determining the most medically appropriate mode of transport for the member.

This form does not guarantee payment for the services; payment is contingent upon passing all edits contained within the claims payment process, the recipient's continued Medicaid eligibility, the provider's continued Medicaid eligibility and medical necessity for these services.

The NEMT provider is responsible for retaining this form and submitting to ND Medicaid upon request.

For assistance contact Medicaid customer service at 1-877-328-7098.