NON-EMERGENCY MEDICAL TRANSPORTATION AUTHORIZATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES
SFN 294 (01-2019)

Clear Fields

Authorizing Agency		Telephone Number	FAX Number
Agency Address	City	State	ZIP Code

We received a request for non-emergency medical transportation (NEMT) from

Recipient Name		Recipient Medicaid ID Number	
Medical Facility to be Transported to			
Address	City	State	ZIP Code
Appointment Date	Appointment Time		

This letter is approval for travel for the above member for the listed appointment date only. This letter certifies that the member or a household member does not have a vehicle that is in operable condition or that the health of the member or household member does not permit safe operation of the vehicle. This letter also certifies that free or low cost transportation services were not available, including transportation that could be provided by a friend, family member or household member. All reasonable efforts have been made to schedule multiple appointments during the same trip, versus making multiple trips during the week. This letter signed and dated by the authorizing agency representative verifies the member meets the requirements of NEMT.

Signature of Authorizing Agency Representative	Date
Printed Name of Authorizing Agency Representative	Email Address

Please fax completed form to 701-328-1544

or mail to

NEMT Coordinator
Medical Services
Dept 325
600 E Boulevard Ave
Bismarck ND 58505-0250