NON-EMERGENCY MEDICAL TRANSPORTATION AUTHORIZATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES
SFN 294 (6-2019)

Clear Fields

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

A request for non-emergency medical transportation was received from:

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

This form is approval for travel for the above member for the listed appointment date only. This form 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 form 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 form 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

Authorizing county or tribal agency must furnish a completed form to the NEMT provider.

This authorization 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.