NON-EMERGENCY MEDICAL TRANSPORTATION AUTHORIZATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 294 (8-2024)

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

Recipient Address	City	State	ZIP Code

Medical Facility to be Transported to			

Address	City	State	ZIP Code

Appointment Date	Appointment Time

Pick Up Date	Pick Up Time	Round Trip ☐ Yes ☐ No

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 human service zone 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.