

## Appendix IX — Healthfirst Transportation

### Appendix IX-A — Provider Approval Form

Instruction: This form should be completed and signed by the provider responsible for the physical or behavioral health of the Healthfirst member indicated below. If the member requires medically necessary, non-emergency taxi, ambulette, or ambulance transportation to and from medical services, please fax a completed form to Member Services at **1-212-801-3250**.

Date: \_\_\_\_\_

Member Name: \_\_\_\_\_ CIN Number \_\_\_\_\_

Required Mode of Transportation: Taxi/Livery  Ambulette  Ambulance

Other: \_\_\_\_\_

Extent for Requirement: No. Trips: \_\_\_\_\_ -and- From: \_\_\_\_\_ Thru: \_\_\_\_\_  
MM/DD/YY MM/DD/YY

Medical Justification (please indicate diagnosis and why it prevents member from using public transportation):

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Other Assistance Required:  Wheelchair  Stretcher  Other \_\_\_\_\_

Comments: \_\_\_\_\_

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\_\_\_\_\_  
Provider Signature Phone Number Date

\_\_\_\_\_  
Provider Name (please print) Healthfirst ID # Hospital Affiliation

COMPLETED FORMS: Healthfirst Member Services Transportation  
P.O. Box 5165  
New York, NY 10274  
Fax: **1-212-801-3250**  
Phone: **1-866-463-6743**