EmblemHealth®

MEDICAL NECESSITY TAXI TRANSPORTATION REQUEST FORM

Date:	**Attention:**	**Fax:**

Please complete this form and fax it to **1-631-719-0911** to obtain prior approval of medically necessary taxi transportation for Family Health Plus and Medicaid Advantage members. Prior approval requests must be received at least 24 hours in advance of the travel date and time.

Requesting Provider:	Provider #:	
Provider Phone:	Provider Fax #:	
Member ID:		
Member Last Name:	Member First Name:	
Member Phone:	Member Date of Birth:	
Pickup Address: *(Street)*		
City:	State:	ZIP Code:
Expected Duration of Medically Necessary Transportation:	Begin Date:	
	End Date:	
Reason for Medical Necessity:		

Please fax all medically necessary transportation requests to Customer Service at **1-631-719-9011**.