



**NORTHWEST REGIONAL  
COUNCIL**  
A DSHS HIPAA  
Business Associate

**MEDICAID TRANSPORTATION SERVICES**  
**WTA PARATRANSIT BUS PASS REQUEST**

If you will be using WTA Paratransit services to get to your Medicaid paid medical appointments, please fill out the information below. Our staff will verify your appointment(s) using the information you provide and WTA will issue you a virtual pass if you qualify.

**Incomplete forms will not be processed.**

**Bus Pass for the Month of**

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**Client Information**

Name (Last, First, MI)	Date of Birth	ProviderOne ID Number	Phone (where we can reach you)

**Appointment Information**

Name of Clinic/Doctor, Counselor etc.	Location or Phone #	Date(s)	Medical Reason

*For NWRC business use only*

No Pass Issued Because     UNABLE TO VERIFY APPTS     THESE APPTS NOT MEDICAID COVERED     INCOMPLETE REQUEST

*Processed by*