



NORTHWEST REGIONAL
COUNCIL
A DSHS HIPAA
Business Associate

**MEDICAID TRANSPORTATION SERVICES
HIGHER MODE OF TRANSPORTATION
DOCUMENTATION OF MEDICAL NEED FOR TAXI OR CABULANCE**

Patient Name:

DOB:

ATTN:

Phone:

Fax:

Please fax completed form to (360)-734-5446/5476, ATTN:

Requested **Pick Date**

We are mandated by the state to use the lowest cost available transportation mode that is accessible to the client and appropriate for the client’s medical condition and personal capabilities. We cannot authorize more costly transportation based on convenience or personal preference.

Some information about less-costly services available to your patient:

- All buses are fully ADA accessible, with lifts and ramps – no steps required
- If a patient lives in a poorly-served area they may request a taxi one way
- We provide free bus passes

PLEASE COMPLETE FULLY

- This patient can use a *fixed-route bus*, which may mean walking up to ¼ mile OR calling for a flex-route bus.
 This patient would benefit from travel training (learning how to ride the bus)
- This patient is able to use a *Paratransit bus*, (e.g. WTA specialized, Skagit DAR, or Island paratransit) which offers door-to-door service.
- This patient requires *taxis* due to a medical condition.
 This condition is persistent (to be reviewed one year from date signed)
 This a temporary condition expected to last _____ months.
- This patient requires a *cabulance*, which provides door-to-door service for a patient who must ride in their wheelchair and are unable to self-transfer into a sedan or van.
 This condition is persistent (to be reviewed one year from date signed)
 This a temporary condition expected to last _____ months.

Please provide explanation if selected #2, #3, or #4:

Signature of Medical Professional:

Name:

Date:

Northwest Regional Council
600 Lakeway Drive, Bellingham, WA 98225 - Phone (360) 738-4554 or Fax (360) 734-5446