



NON-EMERGENCY MEDICAL TRANSPORTATION, MEALS AND LODGING REQUEST

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 1507 (12-2024)

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.

HUMAN SERVICE ZONE ELIGIBILITY WORKER INFORMATION	
Human Service Zone Eligibility Worker Name	Today's Date
Type of Request <input type="checkbox"/> New Request <input type="checkbox"/> Update Request <input type="checkbox"/> Cancel Request	Service Type Requested <input type="checkbox"/> Transportation <input type="checkbox"/> Meals <input type="checkbox"/> Lodging
Vehicle Type <input type="checkbox"/> Car/SUV <input type="checkbox"/> Minibus/Van <input type="checkbox"/> Wheelchair Van <input type="checkbox"/> Stretcher Van <input type="checkbox"/> Taxi	

MEMBER INFORMATION		
Member Name		
Date of Birth	Member ID Number	Member Phone Number
Other Contact Name		Other Contact Phone Number

TRANSPORTATION REQUEST		
Request 1		
Provider Name	Provider Medicaid ID	Provider Phone Number
Date(s) Requested	Appointment Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Day(s) Transportation is Needed <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
Pick-up Location	Pick-up Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Drop Off Location	Round Trip? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments		

TRANSPORTATION REQUEST

Request 2

Provider Name	Provider Medicaid ID	Provider Phone Number
Date(s) Requested		Appointment Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Day(s) Transportation is Needed <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
Pick-up Location		Pick-up Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Drop Off Location		Round Trip? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments		

Request 3

Provider Name	Provider Medicaid ID	Provider Phone Number
Date(s) Requested		Appointment Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Day(s) Transportation is Needed <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
Pick-up Location		Pick-up Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Drop Off Location		Round Trip? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments		

Request 4

Provider Name	Provider Medicaid ID	Provider Phone Number
Date(s) Requested		Appointment Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Day(s) Transportation is Needed <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
Pick-up Location		Pick-up Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Drop Off Location		Round Trip? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments		

TRANSPORTATION REQUEST		
Request 5		
Provider Name	Provider Medicaid ID	Provider Phone Number
Date(s) Requested	Appointment Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Day(s) Transportation is Needed <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
Pick-up Location	Pick-up Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Drop Off Location	Round Trip? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments		

MEAL REQUEST		
Request 1		
Provider Name	Provider Medicaid ID	
Meals Needed <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	Date(s) of Service	Companion Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Day(s) Meals are Needed <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
Comments		
Request 2		
Provider Name	Provider Medicaid ID	
Meals Needed <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	Date(s) of Service	Companion Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Day(s) Meals are Needed <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
Comments		

LODGING REQUEST

Request 1

Check-in Date	Check-out Date		
Lodging Provider	Lodging Provider Phone Number	Provider Medicaid ID	
Lodging Provider Address	City	State	ZIP Code
Lodging Confirmation Number	Companion Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Accommodations			

Request 2

Check-in Date	Check-out Date		
Lodging Provider	Lodging Provider Phone Number	Provider Medicaid ID	
Lodging Provider Address	City	State	ZIP Code
Lodging Confirmation Number	Companion Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Accommodations			

Unauthorized reproduction or use of this form will constitute fraud.

Human Service Zone Office	Human Service Zone Eligibility Worker Signature	Date
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