



Distance Verification Form

Medical Transportation Management (MTM), Inc. is responsible for authorizing Non-Emergency Medical Transportation for Idaho Medicaid members. This form is used to validate the member's need to travel for access to medically necessary services. **The referring healthcare provider must complete this form and return it to MTM before transportation services can be prior-authorized and arranged.**

Member Name: _____ Date of Birth: _____

Medicaid ID Number: _____ Appointment Date: _____

Referring Healthcare Provider Name: _____

Referring Healthcare Provider NPI: _____

Referring Healthcare Provider Phone Number: _____

You have referred the member above to:

Facility Name: _____

Facility Address: _____

Facility Phone Number: _____

Treating Physician Name: _____

Treating Physician NPI: _____

Treating Physician Phone Number: _____

Service(s) to be provided by treating physician: _____

Length of Authorization: One Time Other (Specify Expiration Date): _____

The Member named above is requesting transportation to a healthcare provider located outside of their covered service area. By signing this form, you attest that this is the closest appropriate provider for the member.

Referring Healthcare Provider's Signature

Signature Date