Kansas Medical Assistance Program
P O Box 3571
Topeka, KS 66601-3571
Provider 1-800-933-6593
Beneficiary 1-800-766-9012

CERTIFICATION BY MEDICAL PROVIDER FOR TRANSPORTATION SERVICES

This form must be completed and signed by a primary care physician or designee (physician assistant, nurse practitioner, or clinical nurse specialist). Form will be returned and/or invalidated if not totally completed.

Beneficiary name _____ Medicaid ID # _____

Initial all that apply:

	Ambulatory and does not require a wheelchair (Level I)
	Ambulatory but requires walker, cane, or personal assistance (Level I)
	Occasionally may require a wheelchair due to weakened physical condition, i.e. chemotherapy, radiation, outpatient surgery or dialysis (Level I or Level II) ***Note: This will allow transportation providers to bill for the actual service provided.***
	Permanently confined to a wheelchair (Level II)
	Temporarily confined to a wheelchair, *expected duration:* _____ (Level II) ***Note: After the expected duration has expired, beneficiary must have medical provider complete a new certification form.***
	Nonambulatory, requires a stretcher for transportation (Level II)
	Other, *explain:*

I certify I have reviewed this person's history and condition, and the information is accurate and complete.

Prescriber's name/credentials (physician, physician assistant, nurse practitioner, or clinical nurse specialist) **Please print.**	Prescriber's phone number Prescriber's fax number
Prescriber's signature	Date

This form is valid for up to one year or less, unless the field indicating permanent wheelchair is checked.

*** Level I: Able to ambulate (able to walk).**
*** Level II: Unable to ambulate (unable to walk), needs a wheelchair.**
*** If the beneficiary's condition *improves* and no longer requires Level II services, the physician must complete a new form to change to a Level I in the system.**

Send completed form to the NEMT PA Team.

- **Fax: 1-800-913-2229**
- **Mail: KMAP, Office of the Fiscal Agent, ATTN: NEMT PA Team, P.O. Box 3571, Topeka, KS 66601-3571**