



Southeastrans Public Transportation Attendance Verification Form

The purpose of this form is to verify that a Medicaid Member attended the scheduled medical appointment for which we provided public transportation funds. **YOU MUST TAKE THIS FORM WITH YOU TO YOUR MEDICAL APPOINTMENT AND HAVE IT COMPLETED.** Medical Professional, please complete the information requested below and return it via fax to the Southeastrans Public Transportation department.

If you have any questions about this form, please contact Southeastrans at (866) 473-7564. Thank you for your assistance with this matter.

The Southeastrans fax number is 423-296-1597

Member's Name

Last Name		First Name	
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Appointment Information

Appointment Date		Appointment Time	
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Treating Physician

Physician's Name		Physician's Signature		Date Signed	
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(Please Print Name Here)

(Signature Required)

(Date Required)

If the above-named Member is in need of on-going transportation to your facility for further treatment, please complete the following so we can supply them with the correct number of transportation tokens.

How many days per week must this Member attend your office for treatment?

☐ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ Six ☐ Seven

Under contract with Volunteer State Health Plan (VSHP) of BlueCross\Blue Shield of Tennessee and Southeastrans, Inc. is contracted for Non-Emergency Transportation for the State of Tennessee. The purpose of this form is to gather information to insure the services being provided to the Members of VSHP are within the guidelines established by both Federal and State Medicaid Agencies. **STATEMENTS ON THIS DOCUMENT ARE MADE UNDER THE PENALTY OF STATE AND FEDERAL MEDICAID FRAUD GUIDELINES.** Southeastrans reserves the right to verify the information provided on this form by site visits, patient and employee interviews and other methods. Any discrepancies found will be reported to the BCBS Investigation Services.