SOUTHEASTRANS

DRIVING THE FUTURE OF TRANSPORTATION MANAGEMENT

TennCare Member Bus Transportation Restriction Form

*Member Name:*_____

*Member ID#:*_____*DOB:*_____

*TennCare MCO:*_____

Please indicate any bus transportation restrictions for the above member. Check the appropriate box and ensure that the form is filled out completely.

As a reminder, pursuant to 42 CFR 455.18 and 455.19, payment and satisfaction of this claim will be from federal and state funds, and that any false claims, statements, documents, or concealment of a material fact, may be prosecuted under applicable federal and/or state laws.

Fax back to the MCO at the fax number 423-296-1597 when completed.

☐ The member is unable to ambulate for 1/3 of a mile.

☐ The member's physical disability inhibits the ability to travel by public bus transportation.

☐ The member's mental status inhibits the ability to travel by public bus transportation.

☐ The member is able to ambulate and use public bus transportation to the provider for the appointment, but will need standard transportation for the return trip home due to the nature of the appointment.

This order will expire on the following date
***(no more than 6 months from the date signed)**:*_____

Provider Name: _____

Licensed Professional Signature: _____

Date: _____

*Provider Phone #:*_____