



**TennCare Member Bus Transportation Restriction Form**

Member Name: \_\_\_\_\_

Member ID#: \_\_\_\_\_

TennCare MCO: \_\_\_\_\_

Southeastrans Fax #: (423) 296-1597

**For BlueCare and TennCareSelect Members**

*Please indicate any bus transportation restrictions for the above member. Check the appropriate box and ensure that the form is filled out completely. Fax back to the Southeastrans at the fax number above when completed. Thank you.*

- The member is unable to ambulate for ¼ of a mile until the following date: \_\_\_\_\_
- 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: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Phone #: \_\_\_\_\_