



---- Subsidized Adoptions ----
Medical Non-emergent Transportation
Prior Authorization Request

Division of Medical Assistance Programs - Operations



Prior Authorization is required for reimbursement of all medical non-emergent transportation

Child's Name	Child's Medical ID # / Case #
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Parent/Guardian's Name	Mailing Address	Daytime Phone
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Date (Mo/Day/Yr)	Appt. Time	Name of Service Provider	Phone Number	Reason for Appt.	DMAP USE ONLY PA#

DMAP USE ONLY

Approved - See Prior Authorization Numbers indicated above.

Denied - Reason _____

Refer to page two for instructions.

**Instructions for completing the Co-60 non-Medical Transportation Form
Prior Authorization Request**

Mileage is not covered for transportation to school; school-based services such as IP, IFSP meetings, etc.; day camps; athletic or recreational activities, even though a medically related service may be provided. Meals and lodging are covered under limited circumstances for child and one parent/guardain only.

Time of appointment and leave and return times need to be listed when requesting meals/lodging.

1. Be sure you have requested and received Prior Authorization (PA) from the Co-60 Transportation Coordinator before completing the transport.
 2. Complete one form for each child, unless a second child goes to the same health care facility on the same trip. List appointment times for multiple trips on the same day. Attach receipts when requesting meals/lodging compensation.
 3. Complete the form by entering information in each box; do not leave any boxes blank.
 4. Mail or fax the completed request form to: DMAP Co-60 Transportation Coordinator/Claims Management Group, P.O. Box 14016 Salem, Oregon 97309 or fax to 503-947-5359.
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If you require assistance completing this form contact the DMAP Co-60 Transportation Coordinator at 1-800-527-5772 or 503-945-6562.
