



BLUE CROSS COMMUNITY CENTENNIAL SM
PROVIDER CERTIFICATION OF MEDICAL NECESSITY (CMN) FORM
FOR TRANSPORTATION ATTENDANTS

(Providers are required to complete this form for members 18 and older requesting an attendant that is 18 and older.)

FAX: (866) 402-0522
PHONE: (866) 400-8233
TTY: (866) 288-3133

Form with sections: MEMBER INFORMATION, MEDICAL PROVIDER INFORMATION, LEVEL OF SERVICE REQUIRED BY MEMBER AND PRESCRIBED BY MEDICAL PROVIDER, Medical Equipment Needed, Medical Necessity Criteria, and a summary section for medical history.

Caution: This information contains confidential and proprietary trade secrets, the release of which could cause competitive harm. It is not subject to disclosure under any freedom of information act or open records act law or regulation. Do not further disclose.

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

This certification may be completed and signed only by the member's attending physician, physician assistant, or certified nurse practitioner to confirm a medically necessary level of service.

Knowingly providing false information on this certification may constitute fraud and may prevent the patient/member from receiving further transportation services. If you have any questions, please contact LogistiCare's Facility Assistance Department at **866-400-8233**.

I certify that to the best of my knowledge, the above information is true, accurate, and complete and the level of service required for the patient's/member's transport is medically necessary for the patient's/member's health.

NAME: _____ **SIGNATURE:** _____ **DATE:** _____

Fax completed form to:

(866) 402-0522

Mail completed form to:

(If mailing, please allow
7-10 days for processing.)

Facility Department
2602 S. 47th Street, Suite 100
Phoenix, AZ 85034

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