



MEDICAL ATTENDANT ATTESTATION FORM This form is good for the Duration of Service checked in Box h.		
a. Member Name	b. Medicaid ID	c. Date of Birth
d. ADDRESS • No. & Street/ P.O.Box/ Rural Route/ Apt. No.		
e. City	State	Zip Code
f. Can the Member be transported safely without an attendant/escort? <u> </u> Yes <u> </u> No		
g. Why is a transportation attendant/escort needed?		
h. What is the expected duration of impairment necessitating attendant?		
Duration of Service (check one) <input type="checkbox"/> 90 Days <input type="checkbox"/> 180 Days <input type="checkbox"/> Permanent Start Date: _____		
Medical or Behavioral Health Provider Signature:		Date of Signature
Printed Name of Medical or Behavioral Health Provider:		Telephone Number
I understand that any false information I provide may result in the termination of my Provider Agreement and possible imposition of other civil and/or criminal actions as appropriate.		
*Note - Medical justification for a medical attendant/escort must be noted in and retained as part of the Member's medical record.		

*****Please fax completed form to (866)402-0522 or mail form to Facility Department at 2602 S. 47th St, Suite 100 Phoenix, AZ. 85034. If mailing form please allow 7-10 days for processing.**

A completed form with the appropriate provider signature will be accepted from either the Member or the Provider.

Such services are funded in part with the State of New Mexico.



INSTRUCTIONS FOR COMPLETION:

Members who need an attendant/escort to accompany them on a non-emergency transport to a medical or behavioral health appointment must complete a MEDICAL ATTENDANT ATTESTATION FORM prior to scheduling an appointment with Logisticare.

This form must be completed and signed by the Member's medical or behavioral health provider and a copy must be kept in the member's medical record.

If a Member is a minor under the age of 18, then a medical attendant attestation form is not required.

Only one attendant per trip is allowed.

The attendant must be 18 years old or older.

Medical attendant attestation forms must be updated every six months.

If a Member needs an updated form or has questions about this form, copies will be available on the Logisticare website, or they may call Logisticare at 1-866-913-2492; TTY: 1-866-288-3133, Monday through Friday between 8:00 a.m. and 5:00 p.m. MT.

Members may also reach out to UnitedHealthcare Member Services with questions at 1-877-236-0826, TTY: 711, Monday through Friday between 8:00 a.m. and 5:00 p.m. MT.

If a Provider has any questions about this form, please contact your Provider Advocate or the Provider Call Center at 1-888-702-2202, Monday through Friday between 8:00 a.m. and 5:00 p.m. MT.



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