



545 N. Pleasantburg Dr, Suite 202
 Greenville, SC 29607
 Fax # 1-877-601-0530

MASS TRANSIT RIDER FORM

Required for clients medically unable to ride public transportation

LOGISTICARE IS CONTRACTED WITH SCDHHS TO PROVIDE TRANSPORTATION ACCESS FOR MEDICAID ELIGIBLE MEMBERS. AS PART OF OUR POLICY AND PROCEDURE, MEMBERS WHO HAVE A PICK-UP AND DROP-OFF DESTINATION 1/4 OF A MILE OR LESS FROM A PUBLIC BUS STOP ARE PROVIDED BUS TICKETS FOR THEIR MEDICAL APPOINTMENTS. IF THE MEMBER LISTED BELOW IS ABLE TO MEDICALLY RIDE PUBLIC TRANSPORT, PLEASE CHECK YES AND RETURN TO THE FAX NUMBER ABOVE. IF HE/SHE IS NOT MEDICALLY ABLE TO RIDE, PLEASE COMPLETE THE FORM BELOW.

PATIENT NAME/DOB: _____ MEDICALLY ABLE TO RIDE PUBLIC TRANSPORT: ___ YES

1. PATIENT INFORMATION		2. MEDICAL PROVIDER INFORMATION
DOB:	MEDICAID ID #:	MEDICAL PROVIDER'S NAME COMPLETING FORM:
PATIENT NAME (LAST, FIRST, MI):		
STREET ADDRESS:		MEDICAL PROVIDER'S PHONE NUMBER:
CITY, STATE, ZIP CODE:		
PHONE NUMBER:		
MEDICAL NECESSITY CRITERIA		
3. Patient has physical condition prohibiting use of the public bus system: ___ Yes ___ No Additional Information: _____		
4a. Patient has cognitive difficulties prohibiting use of the public bus system: ___ Yes ___ No Additional Information: _____		
4b. If the patient has an escort/attendant during transportation, are they able to utilize the public bus system? ___ Yes ___ No Additional Information: _____		
5. Physician Comments: ESTIMATED DURATION OF THIS NECESSITY. CHECK ONE 30 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 180 Days <input type="checkbox"/> 365 Days <input type="checkbox"/>		
6. FALSIFYING INFORMATION ON THIS DOCUMENT MAY CONSTITUTE FRAUD AND IS REPORTABLE TO SC DHHS WHICH MAY AFFECT THE MEMBER'S TRANSPORTATION BENEFITS. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT LOGISTICARE AT 866-910-7684. To the best of my knowledge the above information is true, accurate and complete and the required services are medically necessary to the health of the patient. Name: _____ Signature: _____ Date: _____ Title: _____		
This form should be completed by the attending physician or his staff to confirm medical necessity of rider not being able to use public transportation. Only a licensed medical professional able to certify medical necessity may sign the above form in block 6. FAX BACK TO LOGISTICARE: 877-601-0530		

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Notice of Non-Discrimination



The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Janet Bell, ADA and Civil Rights Official, by mail at: PO Box 8206, Columbia, SC 29202-8206; by phone at: 1-888-808-4238 (TTY: 1-888-842-3620); or by email at: civilrights@scdhhs.gov.

If you believe that SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368- 1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-888-549-0820 (TTY: 1-888-842-3620).

si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-549-0820 (TTY: 1-888-842-3620).

تتوافر لك بالمجان. اتصل برقم 888-549-0820 (رقم هاتف الصم اولبكم: 888-842-3620).

خدمات المساعدة اللغوية

كنت تتحدث ذاك اللغة، فإن

إذا

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-549- 0820 (TTY: 1-888-842-3620).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-549-0820 (телетайп: 1-888-842-3620).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-549-0820 (TTY: 1-888-842-3620).

Se você fala português do Brasil, os serviços de assistência em sua lingua estão disponíveis para você de forma gratuita. Chame 1-888-549-0820 (TTY : 1-888-842-3620)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-549-0820 (TTY: 1-888-842-3620)

Falam tawng thiam tu na si le tawng let nak asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in na ko thei.

धयद आप हद बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल ध ह। 1-888-549-0820

(TTY: 1-888-842- 3620) पर कॉल कर।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-549- 0820 (TTY: 1-888-842-3620)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-888-549-0820 (TTY: 1-888-842-3620) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-549-0820 (ATS: 888-842-3620).

နမ့်ကတိၤ ကညီၤ ကျိၣ်အယိၣ်, နမၤန့ၣ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၣ်ဘျၣ်လၢၣ်စ့ၤ နီတမံၤဘၣ်သ့န့ၣ်လီၤ. ကိး 1-888-549-0820 (TTY:1-888-842-3620)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ፡ 1-888-549- 0820 (መስማት ለተሳናቸው፡ 1-888-842-3620)።

အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ၎င်းအတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။

ဖုန်းနံပါတ် 888-549-0820 (TTY: 888-842-3620) သို့ ခေါ်ဆိုပါ။