



Non-Emergency Medical Transportation (NEMT)
Physician Certification Statement

INSTRUCTIONS

1. IEHP requires the submission of this Physician Certification Statement form, signed by the Member's Primary Care Physician or treating Physician when requesting for Non-Emergent Medical Transportation (NEMT) services. This certification is valid for one (1) year from the date of the physician's signature.
2. Requests for Non-Medical Transportation (NMT) (e.g., private car or public transportation) do not require the submission of this form. Members requesting NMT services should be directed to call American Logistics Company at (855) 673-3195.
3. **Please fax the completed and signed form to IEHP at (909) 912-1049.**

MEMBER INFORMATION

Member Name			
Member DOB		Member IEHP ID	
Date Transportation Needed			

Mode of Transportation Needed. Please check (✓) one.

- | | | |
|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Litter van | <input type="checkbox"/> Wheelchair van |
| <input type="checkbox"/> Air | <input type="checkbox"/> Other | <input type="text"/> |

Physical and Medical Limitations. Please check (✓) all that applies.

- Paraplegic
- Hemiplegic
- Non-ambulatory
- High fall risk due to (please specify)
- Poor exercise tolerance
- Requires oxygen
- Hemodialysis
- Requires extensive medical support (e.g., ventilator, IV)
- Dementia
- Behavioral issues
- Blind
- Other (please specify)

CERTIFICATION STATEMENT

I certify and attest that I am the treating Physician/Primary Care Physician for the member and have determined medical necessity for the transportation indicated above.

Physician/Provider Name		NPI #	
Physician/Provider Signature		Date	