



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 Provider or treating Provider when requesting for Non-Emergent Medical Transportation (NEMT) services. **All fields must be completed.** This certification will **only be valid for twelve (12) months from the Transportation Start Date**, and is valid for all NEMT requests during this 12-month period. The Transportation End Date must be 12 months after the Transportation Start Date.
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 contact Call the Car at (855) 673-3195.
3. **Please fax the completed and signed form to IEHP at (909) 912-1049. We strongly encourage submission of this form online through IEHP's secure Provider Portal. For any questions, please call (800) 440-4347 x2 for Transportation Information.**

MEMBER INFORMATION

Member Name			
Member DOB		Member IEHP ID	
Transportation Start Date <i>(Member's Appointment Date Requiring Transportation – e.g., 6/1/23)</i>		Transportation End Date <i>(12 months from Transportation Start Date – e.g., 6/1/24)</i>	

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

- Ambulance
 Litter van/ Gurney
 Wheelchair van
 Car/Sedan
 Air

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 Provider/Primary Care Provider for the Member and have determined medical necessity for the transportation indicated above.

Physician/Provider Name		NPI #	
Physician/Provider Signature		Date	