



SPECIAL TRANSPORTATION SERVICES
CERTIFICATE OF NEED (CON)

This form is to be completed by a UCare contracted Treating Health Care Provider

UCare requires an approved Certification of Need form signed by the treating physician or a nurse practitioner, clinical nurse specialist, physician assistant, or mental health professional working under the delegation of the treating physician. Failure to provide the required documentation may result in denial of request.

Special Transportation Services is intended for members who have a physical or mental impairment or disability and require driver-assisted services. Driver-assisted service includes assistance with admittance of the individual to the medical facility, and assistance in passenger securement or in securing of wheelchairs or stretchers in the vehicle. MS 256B.0625, Subd.17 f. and MS174.29, Subd.1

All fields are required; incomplete forms, illegible forms, and forms submitted 60 days or more after the member's first ride date, will not be accepted. *If the member can be safely transported without driver-assisted services this form does not need to be completed. Members may still be eligible to receive transportation to their medical appointments. Please direct those members to call UCare's Health Ride department directly at 612-676-6830 or 1-800-864-2157 toll free (TTY 612 676-6810 or 1-800-688-2534).

(Please print)

Request Date: UCare Member ID#

UCare Member's Name: Date of Birth:

Member Address:

Treating Health Care Provider Name (please print):

UCare provider Number (or NPI): Specialty:

Phone # Fax #

Does the member's condition require one of the following driver-assisted services?

Check one: Stretcher Wheelchair Ambulatory with physical assistance Ambulatory no physical assistance

Permanent impairment/disability: Yes No - If no, expected duration of impairment/disability:

Members Diagnosis / ICD-9/ICD-10 Code(s):

Please explain how the member's impairment requires driver-assisted services for transportation:

By signing below, I certify I have reviewed this UCare member's medical history/condition and determined the member has a physical or mental impairment that prohibits them from safely accessing and using a private auto, taxi, or bus requiring driver-assisted services.

Treating Health Care Provider Signature: Date:

Submit the completed form prior to the first ride date to: stscon@ucare.org or fax to 612 884-2221

Direct Special Transportation Services calls to: UCare's Health Ride Department: 612-676-6531 or 877-903-0068

UCARE INTERNAL USE ONLY:

DATE RECEIVED: DATE ENTERED: AUTHORIZATION NUMBER: