

### Nonemergent Transportation Request Form

Please complete and fax to Healthy Blue's Transportation team at **1-337-366-6565**.

Contact Healthy Blue with questions or concerns at **1-866-430-1101** or email [facility@callmeditrans.com](mailto:facility@callmeditrans.com).

- Urgent request (< 2-day notice)  
 Non-urgent request (> 2-day notice)  
 Recurring trip

Date of request:

Requested by:

Phone:


Member information	
First name:	Last name:
Healthy Blue ID:	DOB:
Address:	
City:	State/ZIP code:
Phone:	Cellphone:
Does the member have other health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, list the name of the other health insurer:	
Trip information	
Date of trip:	Time of trip:
Trip reason:	
Member's diagnosis specific to this appointment:	
Facility/physician name:	
Facility/physician phone:	
Pick-up address:	
City:	State/ZIP code:
Drop-off address:	
City:	State/ZIP code:
One-way mileage:	
Recommended mode of transportation: <input type="checkbox"/> Sedan <input type="checkbox"/> Wheelchair/paralift <input type="checkbox"/> Ambulance <input type="checkbox"/> Commercial air <input type="checkbox"/> Meals and lodging <input type="checkbox"/> Mileage reimbursement	
Additional passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, list name(s), age(s) and relation(s) to member:	
Additional information:	

MediTrans to complete the following section for health plan authorization
MediTrans reservation number:
Reason authorization is required: <input type="checkbox"/> Out-of-state/service area <input type="checkbox"/> Commercial air <input type="checkbox"/> Meals and lodging
Notes: