

## LANtaVan and CCCT

### Medical Assistance (MA) Transportation Program Out of Service Area Certification Form

MA out of service area transportation may be requested to allow eligible riders to access medical services outside of their service area of residence if: (1) appropriately qualified MA enrolled providers are unavailable within their service area of residence and/or (2) a unique medical condition prohibits treatment within their service area of residence.

**\* This request must be completed legibly, in its entirety & allow a minimum of 48 hours for processing. \***

1. Rider \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. County of residence of rider (check one) \_\_\_\_ Carbon \_\_\_\_ Lehigh \_\_\_\_ Northampton

3. This request is being completed by (check one) \_\_\_\_ MD \_\_\_\_ PAC \_\_\_\_ CRNP

Name \_\_\_\_\_

Complete Address of Medical Service Location:

\_\_\_\_\_

4. The request is for \_\_\_\_ a primary care provider \_\_\_\_ a specialist \_\_\_\_ other, please explain \_\_\_\_\_

Name and complete address of medical provider if different from #3:

\_\_\_\_\_

5. Length of time request is needed (6 months maximum) \_\_\_\_\_

6. Is the requested provider a qualified MA provider? \_\_\_\_ yes \_\_\_\_ no

7. Is the service to be provided a MA covered service? \_\_\_\_ yes \_\_\_\_ no

8. Is the service available within the rider's service area of residence? \_\_\_\_ yes \_\_\_\_ no If yes, explain why the service is not being provided in the service area of residence. \_\_\_\_\_

\_\_\_\_\_

#### Affirmation of Information

I hereby certify that, to the best of my knowledge, the information contained herein is true, correct, and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to Out of Service Area Request, 1060 Lehigh Street, Allentown, PA 18103 or fax to 610-435-6774 or scan and email to [lantavanapps@lantabus-pa.gov](mailto:lantavanapps@lantabus-pa.gov).

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#### Office Use Only:

\_\_\_\_\_ Rider ID # \_\_\_\_ Approved \_\_\_\_ Denied & Reason \_\_\_\_\_

\_\_\_\_\_

Emailed to Brenda \_\_\_\_\_

Form: March 2017