



**PROVIDER CERTIFICATION OF MEDICAL NECESSITY FORM (MNF)  
FOR TRANSPORTATION / MILEAGE REIMBURSEMENT FOR OVER  
120 MILES**

**FAX: (866) 402-0522  
PHONE: (866) 400-8233  
TTY: (866) 288-3133**

MEMBER INFORMATION			MEDICAL PROVIDER INFORMATION		
Date of Birth: ____/____/____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:	Member ID#:	Medicaid #:	Phone #:
Member Name (First, MI, Last):			Referring Provider or the Service Provider Name and Address:		
Service Provider Name and Address:  (Additional Provider Name and Address's may be attached if necessary.)			<b>If transportation is NOT medically necessary, please check here.</b>  <input type="checkbox"/> <b>Transportation is not medically necessary. *</b>		
<b>If transportation is medically necessary, please continue filling out this form below.</b>			* Pursuant to NMAC Regulation 8.310.2.12(L)(12)(b), if transportation is not medically necessary, the member will not be able to schedule the trip.		
REQUIRED BY MEMBER AND APPROVED BY MEDICAL PROVIDER					
<b><u>Medically Necessary</u></b>  <input type="checkbox"/> 120 Miles or more					

Please provide justification of medical necessity for transportation for over 120 miles outside of the home community. (Additional documentation may be attached if necessary.)

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Estimated duration of level of service: ☐ 12 Months

This certification may be completed and signed by the member's referring provider or the service provider to confirm a medically necessary level of service.

Knowingly providing false information on this certification may constitute fraud and may prevent the patient/member from receiving further transportation services. If you have any questions, please contact Modivcare's Facility Assistance Department at 1(866)400-8233.

*I certify that to the best of my knowledge, the above information is true, accurate, and complete and the level of service required for the patient's/member's transport is medically necessary for the patient's/member's health.*

**PRINTED NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Fax completed form to:

1(866) 402-0522

Mail completed form to:  
(If mailing, please allow  
7-10 days for processing.)

Facility Department  
2602 S. 47<sup>th</sup> Street, Suite 100  
Phoenix, AZ 85034

## Non-Discrimination Notice

### Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at **1-866-689-1523**.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator  
Attn: Office of Civil Rights Coordinator  
300 E. Randolph St., 35th Floor  
Chicago, IL 60601

Phone: **1-855-664-7270** (voicemail)  
TTY/TDD: **1-855-661-6965**  
Fax: **1-855-661-6960**  
Email: [civilrightscoordinator@bcbsil.com](mailto:civilrightscoordinator@bcbsil.com)

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201

Phone: **1-800-368-1019**  
TTY/TDD: **1-800-537-7697**  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>  
Complaint Forms: <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

If you are a Blue Cross and Blue Shield of New Mexico member, this notice is available on our website at <https://www.bcbsnm.com/turquoise-care/legal-and-privacy/non-discrimination-notice>.

**ATTENTION:** If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-689-1523 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-866-689-1523 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-866-689-1523 (TTY: 711) أو تحدث إلى مقدم الخدمة الخاص بك.

中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-866-689-1523 (TTY: 711) 或咨询您的服务提供商。
Français French	ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-689-1523 (TTY: 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-866-689-1523 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે બીજી ભાષા બોલો છો, તો તમારા માટે મફત ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક મદદ અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-866-689-1523 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-866-689-1523 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: Se parli italiano, puoi usufruire gratuitamente di servizi di assistenza linguistica. Sono inoltre disponibili, senza costi, strumenti e servizi ausiliari per ricevere informazioni in formati accessibili. Chiama il numero 1-866-689-1523 (TTY: 711) o rivolgiti a un assistente.
한국어 Korean	주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-866-689-1523 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHÓÓ: Diné Bizaad k'ehjí éí dinit's'á'go, t'áá nizaad k'ehjí níká a'doo wołgo bohónéedzā. Łahgo bee ata' hodoonigo áádóó éí doodago altaa át'éego níka a'doowołgo t'áá jiik'e nábee ahoót'í. 1-866-689-1523 (TTY: 711) jį' hodíilni éí doodago nits'íis náyaa áhalyánii bich'į' hadíídzi.
فارسی Farsi	توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و تماس خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با 1-866-689-1523 (TTY: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-689-1523 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-866-689-1523 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-866-689-1523 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت زبان کی مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاونات اور خدمات بھی مفت دستیاب ہیں۔ 1-866-689-1523 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Tiếng Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-866-689-1523 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.