



LASSEN
INDIAN HEALTH CENTER

Non-Emergency Transportation Application

Lassen Indian Health Center Transportation Services are available to patients who do not have access to other forms of transportation. Most insurance companies provide transportation services. If you have insurance but are ineligible for or unable to use their transportation service, please attach supporting documentation.

1. Patient Information

_____	_____	_____	_____
Last Name	First Name	Date of Birth	Today's Date
_____	_____	_____	_____
Home Address	City	State	Zip
_____	_____	_____	_____
Home Phone	Cell Phone	Email	

2. Medical Insurance

a. Primary Insurance

_____	_____
Subscriber Name	Subscriber ID#
_____	_____
Insurance Company	Insurance Phone #
_____	_____
Group Name	Group #
_____	_____
Employer	Relationship to Subscriber

b. Secondary Insurance

_____	_____
Subscriber Name	Subscriber ID#
_____	_____
Insurance Company	Insurance Phone #
_____	_____
Group Name	Group #
_____	_____
Employer	Relationship to Subscriber

3. Tribal Membership

Tribe of Membership	

Roll Number	State Where Enrolled

4. Transportation Details

Do you have any other mode of transportation available to you? Yes No

Would you like to request Transportation Services for a temporary or long-term need?
 Temporary Long-Term How many months? _____

Are you able to travel alone? Yes No

If not, please describe _____

PLEASE CONTINUE TO SECOND PAGE →

Transportation Department Use Only

Application: Approved Denied Application Reviewed By: _____ Evaluation Date: _____

Type of Transportation Required: Car/Van Wheelchair Accessible

If application was denied, describe the reason: _____

Applicant Notified On: _____ By: _____ Made Contact Left Message

5. Medical Necessity

1. Select the type of medical necessity that warrants the LIHC Transportation Service:

Livery: You are able to walk to the curb, board, and exit the vehicle unassisted but you have no other ride available

Ambulette Ambulatory: You can walk but need the driver to assist you from your home to the medical appointment

Ambulette Wheelchair: You use a wheelchair and require a ramp or lift-equipped vehicle and driver assistance to board

2. Please check all that apply to your medical necessity:

Use of portable oxygen or other medical equipment that you are unable to carry

Limited or no use of one or both legs

Unable to walk 50-60 feet without stopping

Other limitations _____

6. Agreement & Acknowledgement

By signing below, I agree that I have read and understood the conditions of ridership and acknowledge that the completion of this form does not guarantee a ride with LIHC Transportation Services. I also understand that my medical records may be accessed to verify any of the above information. False information provided in this application may result in disciplinary action or penalty.

Guarantor/Responsible Party Name

Guarantor/Responsible Party Signature

Date