

Non-Emergent Transportation Request Form

Please complete and fax to LogistiCare:

LogistiCare Facility Line: **1-866-886-4081**

LogistiCare Facility Fax: **1-877-457-3349**

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

Date received:

Date reviewed:

Date approved:

Date notified:

Member information		
First name:	Last name:	
Health plan ID:	DOB:	Phone:
Member's diagnosis specific to this appointment:		
Additional passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, list name(s), age(s), and relation(s) to member:		

Trip information		
Date of trip:	Time of trip:	
Trip request by:	Trip reason:	
Reference #:		
Facility/physician name:	Facility/physician phone:	
One-way mileage:		
Pick-up address:		
City:	State:	ZIP code:
Drop-off address:		
City:	State:	ZIP code:
Recommended mode of transportation: <input type="checkbox"/> Sedan <input type="checkbox"/> Wheelchair/paralift <input type="checkbox"/> Mileage reimburse		

Authorization information	
Reason authorization is required:	<input type="checkbox"/> Commercial air <input type="checkbox"/> Meals and lodging
Notes:	
Name of LogistiCare transportation reservation:	
Email address:	
Phone number:	

Health plan to complete the following section:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied <input type="checkbox"/> One-way <input type="checkbox"/> Round-trip
Notes:	

<https://providers.healthybluelua.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

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