Bucks County Transport, Inc.
Medical Assistance Transportation Program Application

The Pennsylvania Department of Public Welfare will provide reimbursement of public transportation or the use of a private auto for Medical Assistance recipients requiring transportation to and from a medical assistance reimbursable medical provider. Transportation with BCT may be available if the recipient has a functional disability, which prevents them from using public transit, and a physician certifies this disability. Page 1of this application must be completed in its entirety and signed by the person eligible for Medical Assistance who is requesting services. Page 2 of this form must be completed by your attending physician.

Section 1 - To be Completed By The Applicant

Please Print

Applicant's Name ______________________ D.O.B. ___/___/___

Social Security # ___/___/___

Street Address ______________________

Apartment No. ______ City ______________ Zip Code ______________

Phone # (   ) ______________

Emergency Contact ______________ Emergency Contact Phone # (   ) ______________

MA Recipient # ______________ Card Issue # ______________

Special Instructions (Wheelchair, Disability etc...) ______________________

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Other Eligible Family Members

Name	D.O.B.	Social Security Number
______________	___/___/___	___/___/___
______________	___/___/___	___/___/___
______________	___/___/___	___/___/___
______________	___/___/___	___/___/___

I hereby certify that to the best of my knowledge the information contained herein is true, correct and complete. I have read this entire application and understand it's contents and agree to abide by all rules, regulations and procedures of Bucks County Transport, Inc. and the Medical Assistance Transportation Program. I understand that I have the right to request a Department of Public Welfare Fair Hearing if transportation services are denied.

Signature of Applicant ______________________ **Date** ___/___/___

12/6/2005

Physician Certification

To be completed by physician

If transportation with BCT is requested, a physician must provide a brief explanation of the functional disability that prevents the patient from using public transportation. Please be as specific as possible. (Keep in mind that SEPTA vehicles are lift-equipped and therefore can accommodate passengers in wheelchairs as well as disabled passengers. In addition, the Medical Assistance Transportation Program allows consumers to travel with an escort if necessary).

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I certify that to the best of my knowledge, due to the functional disability described above, my patient cannot use public transportation.

Is this functional disability permanent? Yes ________ No ________

If no, please specify approximately how long your patient will have a functional disability ____________

Does this patient's disability require the assistance of an escort? Yes ________ No ________

Can this patient use public transportation with the assistance of an escort? Yes ________ No ________

Physician's Signature ______________________________

Physician's Name (Please Print) ______________________________

Physician License # ______________________________

Telephone ______________________________

Date ______________________________

Section II Appeal Notification

If an individual has been informed that medical transportation services are going to be reduced, changed, suspended, refused, discontinued or delayed, the individual has the right to appeal to the Department of Public Welfare's Bureau of Hearings and Appeals, P.O. Box 2675, Harrisburg, PA 17105. If an oral or written appeal is postmarked or received within ten (10) days of the mailing date of the notice of service denial, benefits will continue without interruption pending the outcome of the appeal. A request for a fair hearing must be postmarked or received within thirty (30) days of the mailing date of the notice of service denial. At the hearing the individual will have an opportunity to explain the reason . for the appeal.

Return this form to:
Bucks County Transport, Inc.
P.O. Box 510
Holicong, PA 18928
(215) 794-5554
(215) 794-5564 (fax)