

State law prohibits reimbursement of special transportation for Minnesota Health Care Program recipients without a current and approved Level of Need form signed by the attending physician, nurse practitioner, clinical nurse specialist, or physician assistant working under the delegation of the attending physician.

Today's Date:			
Member Info	First Name:	Last Name:	Date of Birth:
	BluePlus Member ID Number:	Address:	
	Phone number:	City:	State: ZIP:
Dates needed For Special Transportation	☐ Temporary (through date _____) ☐ One Year		
Home Arrangement	☐ Living Alone or with Family ☐ Nursing Facility ☐ Group Home ☐ Residential Rehab Facility ☐ Assisted Living ☐ Other (Describe):		
Physical Needs or Abilities	Can the member use public transportation (bus, light rail or other public transportation)? ☐ Yes ☐ No If you selected No, please explain: Which of the following does the member use?: ☐ Cane ☐ Crutches ☐ Walker ☐ Portable Oxygen ☐ Service Animal ☐ Electric Wheelchair ☐ Manual Wheelchair ☐ Stretcher ☐ Extra-wide Wheelchair (Weight: _____) ☐ Other (Describe): Does the member require assistance of trained personnel for safety? ☐ Yes ☐ No Can the member self-propel in a wheelchair? ☐ Yes ☐ No ☐ N/A Can the member self-transfer from a wheelchair? ☐ Yes ☐ No ☐ N/A		
Sensory Needs or Abilities	Vision: ☐ Cataracts ☐ Legally Blind ☐ Other (Describe): Is the member hearing impaired? ☐ Yes ☐ No Does the member have/use hearing aids? ☐ Yes ☐ No Is the member able to communicate needs? ☐ Yes ☐ No		
Cognitive Needs or Abilities	Does the member have problems with any of the following? Confusion: ☐ No ☐ Yes Alertness: ☐ No ☐ Yes Memory Issues: ☐ No ☐ Yes	Other Comments:	
Physician Info	Printed Name:	Phone Number:	
	NPI Number:		
	Health Provider Signature: _____ Date: _____		
	I certify that I have reviewed this member's history and condition, and that the member meets Minnesota Statute section 256B.0625, subdivision 17(b) criteria that the member has a physical or mental impairment that would prohibit the member from safely accessing and using a bus, taxi or other commercial transportation or private automobile.		

Note: Incomplete forms and/or forms not signed by medical provider will not be accepted.

Submit to fax number (651) 662-2844 or email to BlueRide.Exception.Request@bluecrossmn.com