**Special Accommodation Request - MassHealth PT-1 Transportation**

**MassHealth Member (Patient)**

Member (Patient) Name:

MassHealth number:

DOB:

Address:

Phone:

**MassHealth Provider**

Provider Name:

MassHealth Provider #:

Address:

Phone:

To MassHealth Transportation department,

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am writing to request that my patient

 *(Provider name)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have the following special accommodation for PT-1

 *(MassHealth member/patient name)*

Transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *(Special accommodation)*

This patient is under my care and being treated at Mass. General Hospital. This special

accommodation is **medically necessary\*** because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*\*Note to providers: please specify the* ***medical necessity of the special accommodation*** *(not the medical necessity of treatment).*

Thank you.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(MassHealth authorized provider’s signature and credentials)*

*(Print on MGH letterhead. Fax to MassHealth 617-988-2925.)*