The Mobility Center

1000 Massachusetts Avenue • Suite 201 • Boston, MA 02118
• PHONE 617-337-2727 • FAX 617-337-2737 • Email: mbtamobility@mtm-inc.net

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Request for 30-Day Medical Necessity for The RIDE   **Fax to 617-337-2737**
Questions? Please call 617-337-2727   **Email: mbtamobility@mtm-inc.net**

Today's Date	**PLEASE PRINT CLEARLY.**	
Last Name		
First Name		**Middle Name:**
Date of Birth		**Gender**:
Street Address		
City		**Zip Code:**
Primary Phone		**Phone type**: ____cell ____land
Emergency contact	Name/relation:	**Emer. Phone:**
	Interpreter required? __☐No ___☐Yes **Language:**	
Mobility Device(s)	☐None☐Cane☐Walker☐Wheelchair☐Powerchair/Scooter☐Oxygen☐Service Animal☐Other None	
Disability/Condition		
Reason for request		

*IMPORTANT: To quality, the reason for request must be **recent and unexpected.** Dates in applicable categories below are required. Request will not be processed without this info.*

Cancer diagnoses/treatment start date: _____

Dialysis start date: _____

Inpatient hospital/rehab, release date & reason: _____

Accident/injury/surgery date & type: _____

Seizures, date of onset/first seizure: _____

Please allow 2 BUSINESS DAYS for processing

By submitting this request, you certify the following:

1. Applicant is aware that 30-Day Medical Necessity Eligibility for The RIDE is a ***temporary bridge service.***

2. That you will provide the patient with their RIDE ID number and information included with confirmation.

3. In order to apply for continuing eligibility for MBTA's ADA paratransit service (The RIDE), applicant must call 617-337-2727 within 10 days to start the application process, which includes an interview with The Mobility Center.

4. That extensions cannot be given for Medical Necessity Eligibility and not all requests will be processed.

*** REQUIRED FIELDS. Please PRINT CLEARLY**

*Facility/Org	Massachusetts General Hospital
*Name	
*Title	
*Phone	
*Fax	
Email	

* Preferred method to receive The RIDE ID and processing confirmation:

☐ FAX ✔ EMAIL

Who will be following up with Mobility Center to initiate the application process for ADA eligibility?

☐*Applicant*   ☐ *Family member/caregiver*   ☐ *Referrer*