BlueRideSM Transportation Level of Need



Special Transportation Services is intended for members who have a physical or mental impairment or disability and require driver assisted services. Driver-assisted service includes assistance with admittance of the individual to the medical facility, and assistance in passenger securement or in securing wheelchairs or stretchers in the vehicle. This form can be completed by an attending physician, nurse practitioner, clinical nurse specialist or physician assistant.

Today's Date:					
Member Info	First Name:	Last Name:	me: Date of Birth:		
	BluePlus Member ID Number:	Address:			
	Phone number:	City:		State:	ZIP:
Dates needed	Temporary (through date)				
For Special					
Transportation					
Physical	Which of the following does the member use?				
Needs or	□ Cane □ Crutches □ Walker □ Portable Oxygen □ Service Animal □ Electric Wheelchair				
Abilities	□ Manual Wheelchair □ Stretcher □ Extra-wide Wheelchair (Weight:) □ Other (Describe):				
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Other	Explain how the member's physical or mental impairment requires driver-assisted services for transportation.				
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. All fields are required.					

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