

Public Transportation Exemption Form



Instructions

This member has met the criteria as an appropriate candidate to use public transportation and has been provided with a bus pass. Members who are able to travel by public transport must use public transport. A bus pass is the most cost-effective form of medical transportation. Your assistance in controlling unnecessary health care costs is needed. This form is to be completed by a participating provider. Provider can be Physician, Nurse Practitioner, Clinical Nurse Specialist or Physician Assistant.

Provider Information

Provider Name:

Facility Name:

Phone:

Member Information

Member Name:

Blue Plus ID:

Date Of Birth:

Phone:

Medical Explanation for Exemption from Public Transportation

Diagnosis Code:

Medical Reason for Exemption Explanation:

I certify that I have reviewed this member's medical history and condition, and that the member has a physical or mental impairment that would prohibit the member from safely accessing and using public transportation.

Provider Signature: _____ Date: _____

Print Provider Name: _____

Note: Incomplete forms will not be accepted and will be returned.

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