



# MEDICAL NEEDS FORM

The Upper Peninsula Health Plan (UPHP) provides non-emergent medical transportation (NEMT) to medically necessary, covered services for UPHP members. NEMT is coordinated at UPHP through the Transportation Department. UPHP provides NEMT via mileage reimbursement or transportation and covers the least-costly available mode of transportation suitable to the member's medical condition. If a member is unable to use the most economical means available, UPHP requires a medical needs form from their provider stating their barrier, and the length of time needed. Example: unable to ride the bus due to physical barrier. For additional information, please see UPHP Non-Emergent Medical Transportation Rules at [www.uphp.com/transportation](http://www.uphp.com/transportation).

**Instructions:** This form must be completed annually by a physician. Please print. Long-term lodging accommodations require updates every 14 days.

Member Name: \_\_\_\_\_ Member ID#: \_\_\_\_\_

Member Date of Birth: \_\_\_\_\_

**Does the patient require special transportation to their medical appointments and services?**

- YES  NO

If Yes, please select from the following:

- Requires a wheelchair transport with lift  Requires private transport
- Requires routine care outside their community

If yes, describe the special transportation needed and why it is medically necessary: \_\_\_\_\_

\_\_\_\_\_

**Does the patient require a caregiver for their medical appointments and services?**

- YES  NO

If YES, describe the medical necessity and who will accompany the member: \_\_\_\_\_

\_\_\_\_\_

**Does the patient need to travel out of the area for an extended period and require lodging and meal help?**

- YES  NO

If YES, indicate the reason and time-frame (e.g., transplant, high-risk pregnancy, medical treatment, etc.). REQUIRED updates every 14 days to extend lodging and meal assistance.

\_\_\_\_\_

**EXPIRATION:** Unless an earlier expiration date is provided below, this medical needs exception request will expire one year from the signature date.

- Exception should end on \_\_\_\_/\_\_\_\_/\_\_\_\_

- Upon the following event: \_\_\_\_\_

**PROVIDERS:** Transports are arranged using the most cost-effective means while meeting the member's medical needs. Transports are not arranged based on member preference. **By signing below, you attest the member has a medical need that requires special transport, or requires additional consideration for services outside the traditional scope of the UPHP NEMT benefit.**

Provider Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_

**Return the completed and signed form via fax to (906) 225-7690 or via mail to:  
853 W. Washington Street, Marquette MI 49855**

If you have any questions, please call the UPHP Transportation Department at 1-800-835-2556.