



## Non-Emergency Accessible Transportation Service

### Renewal Request Form

*Must be completed by Cencal Health Provider*

In order to maintain an active status with NEAT, a medical transportation referral must be updated every **six months** by a Cencal Health Provider. It is suggested that the medical referral come from the doctor whom the patient will most frequently visit.

Name of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Cencal Member ID or SSN: \_\_\_\_\_

#### Provider Contact Information

Name of Cencal Health Provider: \_\_\_\_\_

Medical Specialty: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

**I hereby acknowledge that the aforementioned patient requires transportation to medical appointments.**

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

**Note:** If you will be the medical professional completing the referral in the next 6 months, what is the best way to contact you? \_\_\_\_\_

<b>For office use only</b>			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date Received: _____	Expiration Date: _____