



Wadena County Human Services

124 1st Street SE / Wadena, MN 56482 / 218-631-7605 / FAX: 218-631-7616

CLOSEST PROVIDER STATEMENT

The member's referring or rendering health care provider must complete this form.

Member Name: _____ Birthdate: _____

Referring or Rendering Health Care Provider: _____

Health Care Provider Phone #: _____ Appointment Date: _____

You have referred or treated the above-named member (*name of health care provider or name of facility*):

The member named above is requesting transportation reimbursement to seek health care at a distant (more than 30/60 miles) Medical Assistance health care provider. Members must use the closest health care provider for the level of care required.

Can member receive same services closer to home? Yes No

Please list why this member cannot be seen by a health care provider closer to their home:

Is this a: One-time authorization

On-going treatment

Referring/Rendering Health Care Provider's Signature

Date

Referring/Rendering Health Care Provider's Address

National Provider ID

ATTENTION: Eligibility Worker _____

Wadena County Human Services cannot arrange transportation /lodging/meals until we review and approve this document.

An Equal Opportunity Employer