

Request for Non-Emergency Medical Transportation (NEMT) Services

Section I: Managed Care Organization (MCO) Information			
4. Program:	l. Program:		
6. Phone	6. Phone No.:		
8. Medicaid ID No.:			
10. Address:	ress:		
ormation			
ntment			
-Or- Hospital Discharge Date Unknown ☐			
17. Provider/Facility Phone No.:			
19. Is it Medically Necessary for Someone to Accompany the Member?			
	Fax Number		
	713-741-4219		
	855-864-0970		
	877-406-0658		
	915-626-5422		
	310 020 0422		
	4. Program: 6. Phone 8. Medica 10. Address: ormation ntment -Or- Hospi	4. Program: 6. Phone No.: 8. Medicaid ID No.: 10. Address: Permation 17. Provider/Facility Phone No.: any the Member? Fax Number 713-741-4219 855-864-0970	4. Program: 6. Phone No.: 8. Medicaid ID No.: 10. Address: Promation 17. Provider/Facility Phone No.: any the Member?