INNOVACARE HEALTH

Application for Patient Transportation Support and Attestation of Need

In some instances, InnovaCare Health, L.P. and its subsidiaries and affiliates ("InnovaCare Health") may be able to provide free or subsidized transportation for patients in the form of direct transport or payment for travel costs with a transportation company. Please complete the questions below to help us determine whether you qualify for free or subsidized transportation:

Patient Name: ________________________ Date of Birth: ______________________

Address: ____________________________ City, State, Zip: _____________________

Emergency Contact Name: ____________________ Phone: _________________________

Please check Yes or No to the following Questions:	YES	NO
Do you need a wheelchair?		
Do you need oxygen?		
Do you need a personal care attendant or caregiver to escort you to your appointment?		
Do you travel with a service animal?		

<u>CHECK ONLY THE BELOW ALL ITEMS THAT APPLY</u>

1) ____ I certify that I am unable to travel by personal transportation to receive recommended health care services at an InnovaCare Health medical clinic.

REASON: ____ no personal car or driver available ____ no driver's license
____ disability/health/safety reason ____ cannot afford
____ other (please explain) ____

2) ____ I certify that I am unable to travel by public transportation or livery (taxicab) to receive recommended health care services at an InnovaCare Health medical clinic.

REASON: ____ no direct public transit ____ cannot afford ____ disability/health/safety reason
____ other (please explain) ____

By my signature below, I acknowledge the information is true and accurate.

__________________________ __________________________

Patient or Representative Signature **Date**