

## Request Form and Letter of Medical Necessity for Transplant-Related Travel Services

Priority	Fax Number
Nonurgent	757-431-7761 1-844-723-2094
Urgent	757-822-6205 1-844-715-6322

Note: Both local and toll-free fax numbers have been listed. Please do not fax to both fax numbers as this may delay processing your request.

**Check here if urgent**

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Member Information		
Name:	DOB:	ID#:
Diagnosis Code(s):		
Address of Facility Performing Procedure:		

1. Which transplant-related travel services are required?

☐ Lodging

☐ Mileage Reimbursement

Check in Date: \_\_\_\_\_

Check out Date: \_\_\_\_\_

2. Is the treatment being provided associated with transplant?

☐ Yes

☐ No

3. Is the member's residence 50 miles or more from the location services will be provided?

☐ Yes

☐ No

4. Only answer questions 4a and 4b if this request is for the period during or immediately after the inpatient stay that transplantation occurred.

4a. What is the maximal distance the member must remain in proximity to the treatment facility?

\_\_\_\_\_ miles

4b. How long must the member remain within the defined proximity?

\_\_\_\_\_ days

Please provide additional information about the treatment being performed		
Date of Appointment	Time of Appointment	Description of Transplant Services Performed

Completed By		
Name:		
Phone:	Ext:	Fax:
Requesting Provider Provider requesting the procedure or service to be performed		
Name:		Group Name:
NPI:		Tax ID:
Phone:		Fax: