

**MEDICAL TRANSPORTATION ASSISTANCE
NOTICE OF RIGHTS/RESPONSIBILITIES**

The following information regarding medical transportation was explained to me. I understand that:

- If I am authorized and receiving Medicaid or have been authorized for presumptive Medicaid, and do not have a way to get to the doctor or to other medical services, _____ County Department of Social Services will help me obtain suitable transportation.
- I understand that I am **not** eligible for transportation assistance:
 - if I am authorized for Medicare-Aid (M-QB) only;
 - while my application is pending (before a decision is made)
 - while I am trying to meet a deductible for Medicaid; OR
 - while I am authorized for NCHC.
- I understand that if transportation is provided, it will be to my primary care physician or the nearest appropriate medical provider, by the least expensive method suitable to my individual needs.
- If approved for transportation assistance, I must request trip assistance as far in advance of my appointment(s) as possible (at least 3 business days in advance for local trips and 5 business days in advance for out of town trips is preferred). Failure to provide adequate advance notice of my need for trip assistance may result in my having to reschedule my appointment(s).
- If approved for Medicaid Transportation, I understand that I must be waiting to be picked up at the designated time and place. If I am not present at the designated time and place to be picked up, that trip may be counted as a “no show.” Three “no shows” for pick up may result in a one month suspension from Medicaid Transportation.
- If I engage in conduct which jeopardizes the safety of other passengers and/or the driver my transportation services will be suspended.
- I have the right to a written notice within 10 work days if my request for a transportation trip is denied, and I have the right to have a local hearing to appeal the decision if I disagree.

The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Transportation Options - (Please check one.)

- [] 1. I will contact the department of social services if I need help with transportation after I receive a letter approving my Medicaid application.
- [] 2. I wish to request assistance with transportation at this time.

I understand my rights and options regarding Medicaid transportation as explained above.

Signature: _____ Date: _____

Agency Representative: _____