

<b>A Release of Information is enclosed for:</b>			
Patient's name		Insured ID (Prime number)	
SSN		Date of birth	
<b>Agency use only – Complete fully before routing</b>			
Program	Branch	Case number	Case name

## Request for Non-Emergent Medical Transportation to Complete an Administrative Medical Examination

**DHS/OHA/OYA STAFF: Please complete all fields. Email the completed form to your local brokerage.**

This form is used by the local Department of Human Services (DHS), Oregon Health Authority (OHA) or Oregon Youth Authority (OYA) branch to request transportation services required for Department ordered administrative medical examinations. Only the enrolled fee-for-service (FFS) non-emergency-medical-transportation (NEMT) providers listed on this form may provide transportation services.

To (choose one):

Date of request:

FFS NEMT Provider	Email address	Phone number	County
<input type="checkbox"/> Cascades West Ride Line	<a href="mailto:RideLine@ocwcog.org">RideLine@ocwcog.org</a>	866-724-2975	Benton, Lincoln, Linn
<input type="checkbox"/> Cascades East Ride Center	<a href="mailto:nemtcerc@coicsecure.org">nemtcerc@coicsecure.org</a>	866-385-8680	Crook, Deschutes, Jefferson
<input type="checkbox"/> GOBHI Transportation Services	<a href="mailto:nemt@gobhi.org">nemt@gobhi.org</a>	877-875-4657	Baker, Gilliam, Grant, Harney, Lake, Malheur, Sherman, Union, Wallowa, Wheeler, Hood River, Wasco, Morrow
<input type="checkbox"/> Marion-Polk MedLink	<a href="mailto:us.cocc.qa@transdev.com">us.cocc.qa@transdev.com</a>	877-236-4026	Marion, Polk
<input type="checkbox"/> NW MedLink	<a href="mailto:us.cocc.qa@transdev.com">us.cocc.qa@transdev.com</a>	833-585-4221	Clatsop, Columbia, Tillamook
<input type="checkbox"/> TransLink	<a href="mailto:TransLinkSecure@rvtd.org">TransLinkSecure@rvtd.org</a>	888-518-8160	Coos, Curry, Douglas, Jackson, Josephine, Klamath, Lake
<input type="checkbox"/> Tri-County MedLink	<a href="mailto:us.cocc.qa@transdev.com">us.cocc.qa@transdev.com</a>	866-336-2906	Clackamas, Multnomah, Washington, Yamhill
<input type="checkbox"/> RideSource	<a href="mailto:rsc@ltd.org">rsc@ltd.org</a>	877-800-9899	Lane

**PROVIDER: Please return a copy of this form within 15 days to the branch office listed below once the ride is complete. Retain a copy of this form for 7 years.**

Enter the date the ride occurred (MM/DD/YYYY):		
DHS/OHA/OYA office name and address:	Worker name:	Worker ID:
	Email address:	
	Phone number:	Fax number:

**You must bill OHP using the transportation code marked below.** When billing OHP, use the Provider Web Portal at <https://www.or-medicaid.gov>, or current, commercially available paper forms.

Code	Description
<input type="checkbox"/> A0080	Volunteer
<input type="checkbox"/> A0090	Vehicle by individual, per mile
<input type="checkbox"/> A0100	Taxi
<input type="checkbox"/> A0110	Community bus
<input type="checkbox"/> A0120	Minibus, mountain transport
<input type="checkbox"/> A0130	Wheelchair van
<input type="checkbox"/> A0140	Airplane
<input type="checkbox"/> A0170	Parking

Code	Description
<input type="checkbox"/> A0180	Lodging recipient
<input type="checkbox"/> A0190	Meals recipient
<input type="checkbox"/> A0200	Lodging escort
<input type="checkbox"/> A0210	Meals escort
<input type="checkbox"/> A0434	Secure transport
<input type="checkbox"/> A0999	Unlisted ambulance
<input type="checkbox"/> T2004	Train
<input type="checkbox"/> T2005	Stretcher van