



Early Screening Program Taxi and Bus Authorization Request

FAX REQUEST TO 907.269.4574

Requesting Source: _____ Contact #: _____ Fax #: _____

Requesting Source Email Address: _____

Traveler Information

Medicaid Member Name: _____ DOB: _____ Medicaid Member ID: _____

Parent or Escort Name: _____

Primary Contact # : _____ Alternate Contact #: _____

Home Address: _____

Email Address: _____

Healthcare Provider Information

Healthcare Provider Clinic: _____

Primary Contact # : _____ Fax # : _____

Provider Clinic or Practice Address: _____

Dates of Travel: _____

Reason for Travel: _____

Additional Information: _____

*Authorized Carrier * Bus passes will be issued, unless there is medical justification on file or no bus stop in the area **

- (Anchorage)** Alaska Yellow Cab (222-2222) Bus passes (adult) _____ / (child) _____
- (Mat-Su)** AK Cab Valley (357-2727)
- (Kenai/Soldotna)** AAA Alaska Cab (262-5050) Central Area Rural Transit System (CARTS (262-8900) _____
- (Homer)** Kostas Taxi (399-8008)

For Internal Use Only:

Eligibility Verified Healthcare Provider Enrolled with AK Medicaid Service is an AK Medicaid Covered Service or WIC

If Applicable POC on File Determination Entered into EPSDT Database Referral Source has Been Notified of Determination

Travel Approved or Denied: **Approved** **Denied** **Denial Letter Sent to Member**

If Denied Reason for Denial: _____