



**Medical Assistance (MA) Transportation Program
Out of Service Area Certification Form**



MA out of service area transportation may be requested to allow eligible riders to access medical services outside of their service area of residence if:

- (1) appropriately qualified MA enrolled providers are unavailable within their service area of residence and/or
- (2) a unique medical condition prohibits treatment within their service area of residence.

** This request must be completed legibly, in its entirety & allow a minimum of 48 hours for processing. **

Rider Name _____ Date of Birth ____ / ____ / ____

County of residence of rider (please check one) ____ Carbon ____ Lehigh ____ Northampton

TO BE COMPLETED BY A PHYSICIAN *(Please print)*

Physician Name _____ MA Provider # _____

Medical Location Name & Address _____

Please indicate which applies to you:

____ I am the physician referring this rider to a medical service outside of their service area

____ I am the physician who will be providing the medical service which is located outside of the service area

1. What type of medical service is being sought outside of service area: ____ a primary care provider ____ a specialist

____ other, please explain _____

Name and complete address of medical service location outside of service area _____

2. Length of time request is needed (*6 months maximum*) ☐ 3 Months ☐ 6 Months ☐ Other: _____

3. Is the requested provider a qualified MA provider? ____ yes ____ no

4. Is the service to be provided a MA covered service? ____ yes ____ no

5. Is the service available within the rider's service area of residence? ____ yes ____ no ____ unknown

If yes, explain why the service is not being provided in the service area of residence: _____

Affirmation of Information:

I hereby certify that, to the best of my knowledge, the information contained herein is true, correct, and complete.

Signature _____ Date _____

Mail to LANTA, Out of Service Area Request, 1060 Lehigh Street, Allentown, PA 18103 or fax to 484-633-3625 or scan and email to lantavanapps@lantabus-pa.gov.