

# MA TRANSPORTATION REFERRAL FORM



218-634-2642  
218-634-4520 (FAX)

## LAKE OF THE WOODS COUNTY

### SOCIAL SERVICE DEPARTMENT

Amy S. Ballard, Director  
206 8<sup>th</sup> Avenue SE Suite 200  
Baudette, MN 56623

DATE:	
PATIENT'S NAME:	
REFERRING PHYSICIAN: (Clinic name, address and phone number)	
REFERRED TO: (Dr, facility name, address and phone number)	
APPOINTMENT DATE & TIME:	

	YES	NO
IS THIS AN EMERGENCY REFERRAL?		
CAN THIS SERVICE BE PROVIDED WITHIN 30 MILES - PRIMARY CARE?		
CAN THIS SERVICE BE PROVIDED WITHIN 60 MILES – SPECIALTY CARE?		
IS THE PATIENT BEING REFERRED TO THE <b>NEAREST</b> MEDICAL FACILITY ABLE TO PROVIDE THE NEEDED CARE?		
IS THIS A MEDICALLY NECESSARY REFERRAL?		
ADDITIONAL COMMENTS:		

### OFFICE USE ONLY

CLIENT WAS NOTIFIED ON \_\_\_\_\_ THAT REFERRAL WAS APPROVED  DENIED   
DENIALS- COPY OF REFERRAL AND YOUR *APPEAL RIGHTS* (DHS-1941) WERE SENT ON \_\_\_\_\_.

**MA TRANSPORTATION REFERRAL FORM**

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SIGNATURE OF REFERRING PHYSICIAN OR NURSE

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\*RETURN COMPLETED FORM TO VAL CANFIELD OFFICE SUPPORT SPECIALIST\*

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