

Protected Transportation Notification Form

Please complete this notification form for South Country Health Alliance members who have received protected transportation within 72 hours of transport. Incomplete requests cannot be processed and will be returned to the requestor for completion.

Please email (secure/encrypted) or fax this form along with the Protected Transport – Level of service (LOS) Assessment (DHS-6715) to: Fax# 888-633-4052 or Email: <u>HealthServices@mnscha.org</u>

Member Name		Member ID Number	Date
Member Address			
Date of Birth	Diagnos	is (if available)	

Protected Transport

Date of transport	Transport Provider Contact Name	Transport Provider Contact Phone	
Transport Provider NPI/UMPI	Transport Provider Name	Transport Provider Phone Number	
Receiving Facility Name	Receiving Facility Contact	Receiving Facility Phone	
CPT/HCPC Code T2003 UA Modifier		Transport Provider Fax Number	

*All Protected Transport certifications are for a single transport and single date only

Please contact the Provider Contact Center at 888-633-4055 for questions related to claims. Please contact Utilization Management at 888-633-4051 for questions related to the notification worksheet.

**If your facility has never billed South Country Health Alliance, you will need to submit additional documents with this form. These documents can be found on our website at https://mnscha.org. This faxed information is intended only for the individual or entity to which it is addressed and contains information that is confidential. Furthermore, this information may be protected by Federal law relating to confidentiality (42 CFR Part 2) prohibiting any further disclosure. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any review, dissemination, distribution, or copying of this communication is strictly prohibited. If you have reviewed this communication in error, please notify us immediately by telephone and return the original message to us by the above address via mail. Thank you

South Country Health Alliance 6380 West Frontage Rd Medford, MN 55049 Utilization Management: 888-633-4051(Phone) Contact Center: 888-633-4055(Phone) Form#6928