

**Transportation and Travel  
Authorization Request**  
Please fax with supporting medical documentation  
800-215-4901

Date Requested \_\_\_\_\_ Requested by \_\_\_\_\_

Case file # \_\_\_\_\_

Claimant Name \_\_\_\_\_

Claimant Date of Birth \_\_\_\_\_

Provider Name \_\_\_\_\_

Conduent Provider Number \_\_\_\_\_

Provider Tax ID \_\_\_\_\_

**Procedure Code Information:**

Travel services for codes A0100, A0110, A0120, A0130, A0140, and **A0170** are authorized based on private transportation total charges. Travel services for claimant mileage reimbursement A0080 and A0090 are authorized based on total round trip miles.

	Travel Date From	Travel Date To	Code for travel	Description of Travel Service	Estimated Total Charge	Estimated Miles (for claimant travel only)
1:			A0100	Taxi		N/A
2:			A0110	Bus, intra- or interstate carrier		N/A
3:			A0120	Mini-Bus, mountain area transports, and other transports		N/A
4:			A0130	Wheelchair Van		N/A
5:			A0140	Air Travel		N/A
6:			<b>A0170</b>	<b>Transport Parking Fees/Tolls</b>		<b>N/A</b>
7:			A0080	Mileage	N/A	
8:			A0090	Mileage	N/A	

Travel from:     Hospital     Office/Clinic     Lab     Home

Travel to:       Hospital     Office/Clinic     Lab     Home

Comments \_\_\_\_\_

\_\_\_\_\_

**Please remember to send any supporting medical documentation with request.  
Please put Case File # on every page faxed.  
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