



ALOHA CARE TRAVEL REQUEST FORM

Transportation Prior Authorization Fax Line 808-237-2957

Out-of-State / Out-of-Network On Island Off Island Out of State

<input type="checkbox"/> Standard Request	Requests for prior authorization (with supporting clinical information and documentation) should be sent to AlohaCare 14 days prior to the date of travel.
<input type="checkbox"/> Expedited Request*	By signing below, I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.
*Physician Signature Required	
<p style="text-align: center;">_____ Physician Signature Validating Expedited Request</p> <p style="text-align: right;">_____ Date Signed</p>	

Requestor Information

List contact for any questions or concerns regarding this request:

Contact Name (Last Name, First Name):	Contact Phone Number:	Contact Fax Number:
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Member Information

Member ID Number:	Member Name (Last Name, First Name MI):	Date of Birth:
Member Address (for Member pick-up location; no PO Box):		Member Phone Number:

Provider Information

Provider 1	Treating Provider Name:	Appointment Date:	CPT/HCPCS Code/Modifier or Type of Appointment:	Appointment Time & Duration:
	Treating Provider Contact information:	Appointment Address:		Appointment Duration & Treating Provider Confirmed by Requestor: <input type="checkbox"/> Yes <input type="checkbox"/> No
Provider 2	Treating Provider Name:	Appointment Date:	CPT/HCPCS Code/Modifier or Type of Appointment:	Appt Time & Duration:
	Treating Provider Contact information:	Appointment Address:		Appointment Duration & Treating Provider Confirmed by Requestor: <input type="checkbox"/> Yes <input type="checkbox"/> No
Provider 3	Treating Provider Name:	Appointment Date:	CPT/HCPCS Code/Modifier or Type of Appointment:	Appt Time & Duration:
	Treating Provider Contact information:	Appointment Address:		Appointment Duration & Treating Provider Confirmed by Requestor: <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Comments:

Travel Details

To assure travel accommodations, please indicate members information:

Type of Travel: <input type="checkbox"/> Air <input type="checkbox"/> Ferry	Type of Ticket: <input type="checkbox"/> One way <input type="checkbox"/> Round trip	Departure Date:	Return Date:
Medical reason if stay is longer than one day:		Departure City/Airport:	Arrival City/Airport:
		Height:	Weight:
Lodging Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wheelchair Accessible Room Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Companion Information

Companion Required? Yes* No **If yes, AlohaCare will require Medical Necessity Form & additional 24 hours to process*

Medical Reason for Companion:	Name & Birthdate of Adult Companion (as listed on valid photo ID):
Additional Comments:	Height/Weight (for Mokulele Flights to Molokai/Lana'i):

Ground Transportation

Required Off-Island? <input type="checkbox"/> Yes <input type="checkbox"/> No	Required on Home Island? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Transportation Provider (preferred provider not guaranteed):	

Medical Needs

Wheelchair Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has own wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gurney Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate type of wheelchair:
Can member transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Comments:

*Authorizations will be given for medically necessary services only: it is not a guarantee of payment. Payment is subject to verification of member eligibility and to the limitations and exclusions of the member's contract. Emergencies do not require prior authorization (An emergency is a medical condition manifesting itself by acute symptoms of sufficient severity that could result, without immediate medical attention, in serious jeopardy to the health of an individual). *Urgent Care is defined as medically necessary treatment for an injury, illness or other type of condition (usually not life-threatening) that should be treated within 24 hours.*