RTN

Reset Form

Psychiatric Services Treatment Plan Form for Provider Type 36
Community Mental Health Services

THIS FORM MUST BE SIGNED BY THE LPHA. AN ILLEGIBLE, INCOMPLETE, INACCURATE, OR CONFLICTING TREATMENT PLAN MAY CAUSE THE PARTICIPANT'S TRANSPORTATION REQUEST TO BE DENIED.

NON-EMERGENCY TRANSPORTATION (NET) PROVIDERS ARE NOT ALLOWED TO COMPLETE OR SUBMIT THIS FORM.

transdev
the mobility company

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Bldg 4, Suite 200
Glen Ellyn, Illinois 60137
(866) 503-9040 Toll Free
(630) 873-1450 Fax

Section One

Participant Name | Recipient Identification Number

Pickup Address | City | State | Zip

Start Date | End Date | Appointment Time

Section Two

Transportation Provider | Phone

Most appropriate/least expensive mode of transport | Attendants

Section Three

Is there a current ITP or MHA? ○ Yes ○ No | ITP or MHA Date

DSM-IV-TR Diagnosis - Axis I

Transportation services are not covered for vocational training or on dates where Medicaid services are not reimbursed.
Please refer to the Community Mental Health Services Definitions and Reimbursement Guide.

Appointment Day	Specify Group (A, B, C or D)	HCPCS Codes
☐ Monday		
☐ Tuesday		
☐ Wednesday		
☐ Thursday		
☐ Friday		
☐ Saturday		
☐ Sunday		

Section Four

Facility Name | Phone Number

Facility Address

LPHA Name | Provider ID #

LPHA Phone Number to Validate Treatment Plan | Site Number

Agreement and Signature: I understand that if I have given false information or intentionally failed to disclose information, I may be subject to prosecution, criminal, civil, or both. I certify, under penalty of perjury, the information provided is accurate and concurs with the Clinical Record to the best of my knowledge and I will notify First Transit of any changes in the information set forth above as I become aware of such changes.

LPHA Signature | Date Signed