

Non-Emergency Medical Transportation Scheduling

Non-Emergency Transportation Services are available for members to get to and from their covered health services. The member must be eligible for services on the date of service and have no other means of transportation to their appointment. **All Non-Emergency Transports must be scheduled through the call center based on the member's MCO assignment.**



UnitedHealthcare Community Plan & Dual Complete 1-866-405-0238

Wellpoint Medicaid|Medicare Advantage
1-866-680-0633 (*formerly Amerigroup*)



BlueCare 1-855-735-4660

TennCare Select 1-866-473-7565

BlueCare Plus 1-855-681-5032

Member Information ↓	Pick-Up Location ↓	Destination Information ↓	Transportation Type ↓	Special Requests/Needs ↓
Full Name	Name of Facility	Name of Facility/Doctor	Ambulatory <i>(can walk and requires no/min assistance)</i>	Will the member require a pharmacy stop?
Phone Number <i>(where member can be reached or receive notifications)</i>	Room/Suite Number <i>(if applicable)</i>	Room/Suite Number <i>(if applicable)</i>	Wheelchair <i>(uses and has own wheelchair for mobility/transport)</i>	Oxygen, ventilator, IV, bariatric and/or special height/weight needs, stairs, /hazards, service animal, etc.
Home Address Verification If home address is different than what is on file, the county of residence is required.	Address <i>Best Practice Note:</i> Designated Pickup/Drop Off Area on the campus/building preferred	Address <i>Best Practice Note:</i> Designated Pickup/Drop Off Area on the campus/building preferred	Invalid Stretcher <i>*Transport requires a stretcher but no medical care will be needed or provided</i>	Long Distance transports may require additional verification/validation procedures.
Date of Birth or Last 4 Digits of SSN or Member's ID number <i>(as it appears on their insurance card)</i>	Phone Number <i>(to call when transporter arrives to pick up member)</i>	Phone Number <i>(to call to verify appointment or other information)</i>	ALS/BLS Ambulance <i>*Requires letter of medical necessity Patient requires medical care</i>	
		Purpose of Transport	Bariatric (weight and height of member required)	