

**\*\*NET GAS VOUCHER REQUEST FORM\*\***

The information requested below **MUST** be filled out completely and returned WITH SEPARATE verification that the appointment was attended. Request **MUST** be turned in within 30 days of your appointment.



**ALL INFORMATION MUST BE PROVIDED FOR A VOUCHER TO BE ISSUED**



Name of the person that attended the appointment: \_\_\_\_\_

Social Security number for person that attended the appointment: \_\_\_\_\_

Date of the appointment: \_\_\_\_\_ Time of appointment: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Doctor Phone Number: \_\_\_\_\_

Reason for the appointment: \_\_\_\_\_

Did the physician accept your Medicaid Card?  YES  NO

**\*\*\*To be eligible for NET vouchers your physician MUST accept your Medicaid card**

Address where you attended the appointment INCLUDING CITY: \_\_\_\_\_

\_\_\_\_\_

Who drove to the appointment? : \_\_\_\_\_

Do we have current release, driver's license of driver and car insurance on file?  YES  NO

(If you are unsure, please provide these items with the request form. These items **MUST** be on file for you to receive a NET voucher.)

License plate number for car that was used: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Do you want your NET voucher mailed to you or will you pick it up at this office?  MAIL  Pick up

**If you want mailed, please provide the following:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**If we need to contact you, please provide a working phone number and/or email address:**

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Do you need extra forms mailed to you?  YES  NO

**FYI:** Your Managed Care Provider (Caresource, United, Buckeye, Molina, Aetna and Paramount) will transport you to any healthcare appointments that you may have. Please call the member service number on the back of your card for details.

If you have any questions, please call 419-562-8066

# Transportation Assistance

If you're covered by Medicaid and you're having trouble getting to health care services, transportation assistance may be available.

- If you're a member of a managed care plan or MyCare Ohio plan, call the number listed in the table to the right, or contact the Ohio Medicaid Hotline for consumers (1-800-324-8680 or [ohiomh.com](http://ohiomh.com)).
- If you're not a plan member (or you want an option besides what your plan offers), contact the Medicaid Transportation Coordinator at your local county department of job and family services (CDJFS). The main phone number for each CDJFS is included in a list available at [jfs.ohio.gov](http://jfs.ohio.gov); select County Directory.

If you're not a plan member and you need transportation by wheelchair van, you may contact a provider directly. A searchable directory of Medicaid providers is available at [medicaid.ohio.gov](http://medicaid.ohio.gov); select these options:

*FOR OHIOANS > Already Covered > Your Benefits > Find a Medical Provider*

**Questions? Contact the Ohio Medicaid Hotline for consumers at 1-800-324-8680 or [ohiomh.com](http://ohiomh.com).**

*ODM Bureau of Health Plan Policy, 11/1/2018*

## Don't cancel. Call!

	Managed Care Plan	MyCare Ohio Plan
<b>Aetna</b>		1-855-364-0974 1-866-799-4395
<b>Buckeye Health Plan</b>	1-866-246-4358 1-866-531-0615	1-866-549-8289 1-866-531-0615
<b>CareSource</b>	1-800-488-0134	1-855-475-3163
<b>Molina Healthcare</b>	1-866-642-9279	1-844-491-4761
<b>Paramount Advantage</b>	1-866-837-9817	
<b>United Healthcare</b>	1-800-895-2017 1-800-269-4190	1-877-542-9236 1-800-269-4190

