WICOMICO COUNTY HEALTH DEPARTMENT

Medical Assistance Transportation
Bus Ticket Appointment Verification Form

MA Recipient: Return completed form to the Wicomico MA Transportation Program to receive bus tickets for future appointments. You will receive enough tickets to cover the full fare to and from each appointment not previously accounted for. If you wish to have your tickets mailed to you, write your mailing address below and have your provider fax your completed form to (410) 219-2885.

Name: _____ MA #: _____

Mailing Address: _____

Medical Provider(s): By signing this form, you are verifying that the above-named client is scheduled for medical appointments at your facility on the dates below, and that their Medical Assistance will be billed for those visits. ****ALL CLIENTS MUST HAVE THREE (3) OR MORE APPOINTMENTS PER WEEK TO QUALIFY FOR BUS TICKETS**** If you have any questions, contact our office at (410) 548-5142.

APPT DATE	FACILITY	PROVIDER SIGNATURE/STAMP

TRANSPORTATION PROGRAM USE ONLY:

OF TICKETS ISSUED: _____ DATE ISSUED: _____ SIGNATURE: _____