



**PARENTAL ACCOMPANIMENT FORM**

Child's Name: \_\_\_\_\_ Child's Medicaid Number: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Age: \_\_\_\_\_

My name is \_\_\_\_\_. I am the Parent/Legal Guardian of the child under 15 years of age named above. I have asked Medical Transportation Management (MTM Health) to set up rides to get my child to and from their Medicaid healthcare appointments. In the chart below I am listing facts about other adults I have chosen to be attendants for my child. These adults are authorized to go with my child to and from their Medicaid covered healthcare appointments.

	First, Middle, Last Name	Address	Phone Number
Parent <input type="checkbox"/>			
Guardian <input type="checkbox"/>			
Parent <input type="checkbox"/>			
Guardian <input type="checkbox"/>			
Authorized Attendant 1			
Authorized Attendant 2			

It is my choice to authorize these people to be attendants. By signing this form, I am showing that I know the risks that go with allowing another person to travel with my child on healthcare trips set up through MTM Health. I know this agreement will stay in effect until I write to MTM Health to change or replace it. **By signing below I swear that, to the best of my knowledge, the authorized adults named above are not 1) the doctor or specialist providing the child's Medicaid services, 2) an employee of that Medicaid provider, or 3) someone paid by that provider.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Two things must happen before an authorized attendant listed above can ride with my child who is under 15 years of age, to and from a covered healthcare appointment:

- 1) **This form must be on file with MTM Health or be given to the driver when the driver picks up the child for the health-care visit.**
- 2) **The authorized attendant must show driver a photo ID.**

**Please fill out this Parental Accompaniment Form via fax or email to MTM Health:**

**Fax: 877.406.0658**

**Email: VAPAFORMS@mtm-inc.net**