Washington State Health Care Authority

Nonemergency Transfer Request

Requester's Name	Requester's fax number	Date of request
Transportation Provider	Telephone number	NPI (REQUIRED)*

Client Information

Client name	Birth date	ProviderOne Client ID (REQUIRED)*
Pick-Up Location's Type, Name and County (Client's home, long term care facility, hospital, etc.)		
Destination (Provider/Clinic Name and County):		Phone
Weight		

Single Request: Date of appointment

Series Request: Start Date End Date:

☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

Please note: Out-of-state hospitals and providers must accept Washington Medicaid's out-of-state care reimbursement rate.

When the service is not available in the state of Washington, or at Oregon Health & Science University, Doernbecher Children's Hospital, or other border hospitals, please contact the following hospitals first:

- Lucile Packard Children's Hospital (for children)
- Stanford University Medical Center (for adults)

The Health Care Authority (HCA) contracts with these hospitals to provide services not available in the state of Washington or border hospitals to eligible Medicaid clients. These services require prior authorization by HCA.

Reason for ambulance transport- MUST document medical necessity**	ICD code

Trip Info:	**HCA STAFF USE ONLY**
☐ 1-way	**PA #:**
☐ Roundtrip	**Date:**

Types of Transport:

☐ Ground ambulance
☐ Commercial air
☐ Air ambulance***:

Special instructions for transport?

Does the client require a respiratory therapist? ☐ Yes ☐ No

Is the client on a vent? ☐ Yes ☐ No

Will the client need to be escorted by a caregiver? ☐ Yes ☐ No

If yes, please state the name and relationship to the client.

For customer service, please call 800-562-3022.
Fax required forms 13-835 & 13-950 with your request to 866-668-1214.

***Client ProviderOne number and Provider NPI number are REQUIRED-requests will be rejected if missing**
**** Submit a PCS form, an ITA form, or H&P to support medical necessity**
***** All air ambulance requests must be requested 5 days prior to date of departure**