

*Kevin Austin, Chairman of Board
David Moxley, Vice Chairman
Cliff Collins, Commissioner
Frank Zachary, Commissioner
Marion Welborn, Commissioner*



*Jessica Wall, Director
Marcy Mays, Asst. Director, DSS
Laken Royall, Asst. Director, Health
Adam Anderson, DSS Attorney*

**MEDICAID TRANSPORTATION
VERIFICATION OF RECEIPT OF MEDICAID COVERED SERVICE**

TO: MEDICAID ENROLLED PROVIDER

WHEN TRANSPORTATION ASSISTANCE IS PROVIDED TO A MEDICAID RECIPIENT FOR AUDIT PURPOSES, IT IS NECESSARY TO DOCUMENT THAT THE INDIVIDUAL RECEIVED A MEDICAID COVERED SERVICE FROM A MEDICAID ENROLLED PROVIDER ON THE DATE OF TRANSPORT.

PATIENT NAME: _____

MEDICAID ID# _____

DATE OF APPOINTMENT: _____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED PATIENT VISITED THIS OFFICE OR FACILITY AND RECEIVED A MEDICAID COVERED SERVICE.

NAME OF MEDICAID PROVIDER/FACILITY AND PHONE NUMBER:

SIGNATURE OF PERSON COMPLETING FORM ON BEHALF OF PROVIDER:

NOTE: The County has the authority to administer the Medicaid program for the North Carolina Department of Health and Human Services Division of Medical Assistance pursuant to N.C.G.S. 108A-25 and rules adopted by the State of North Carolina.

THIS FORM MUST BE RETURNED TO THE YADKIN COUNTY HUMAN SERVICES AGENCY SOCIAL SERVICES DIVISION WITHIN TEN (10) DAYS FOLLOWING MEDICAID APPROVED APPOINTMENTS. PLEASE FAX BACK TO 336-849-7937. FAILURE TO RETURN THIS FORM COULD RESULT IN AN UN-EXCUSED NO-SHOW.

Social Services Division, PO Box 548, Yadkinville, NC 27055 (336) 849-7910
Medical Division, PO Box 548, Yadkinville, NC 27055 (336) 849-7910
Environmental Health, PO Box 548, Yadkinville, NC 27055 (336) 849-7905
www.yadkincountync.gov

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