

*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](http://www.yadkincountync.gov)

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