



# Wisconsin Medicaid and BadgerCare Plus Attendant/Escort Medical Necessity Form

*Member's health care provider must complete this form*

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Member's First and Last name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member's ForwardHealth ID: \_\_\_\_\_ Appt. dates: \_\_\_\_\_

Health care provider's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Veyo arranges non-emergency medical transportation for BadgerCare Plus and Medicaid members. The above named member is requesting an attendant/escort to accompany them to their medical appointments. An attendant/escort may escort a member with physical, developmental, cognitive or mental health needs.

**Please check the appropriate box(es) below to indicate the member's current need:**

- Member requires assistance during transportation due to a physical disability.
- Member requires supervision while being transported due to a developmental disability.
- Member requires supervision while being transported due to a cognitive issue.
- Member requires assistance due to mental health needs.
- Member does not require an attendant/escort to accompany them.

Member will require an attendant/escort:

- Temporary until \_\_\_\_\_
- Permanently

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Health care provider's signature

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Date

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Health care provider's credential (e.g. MD, RN)

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Health care provider's address

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NPI number

**Please complete and return this form via fax to:  
Fax: 888-506-7708, Attn: Clinical Coordinator**

Veyo cannot arrange transportation with an attendant/escort until we review and process this document. Thank you for your assistance.