PEBB Non-Emergency Medical Travel (NEMT) request form



□ Life-endangering condition which requires immediate transfer to a hospital with special treatment facilities

□ Medically necessary surgery or condition which cannot be treated locally (non-emergency travel must be pre-authorized)

Travel authorization requests are limited to the following guidelines: Travel and lodging reimbursement may be available if you are unable to find a nearby in-network provider to provide medically necessary covered services for your specific condition due to one of the following reasons:

- An in-network provider is not available within 50 miles of your home

- Covered services are not available in your state due to a law or regulation, and the services can be received in another state legally
- A center of excellence is recommended

Member name	Date of birth (mm/dd/yyyy)	Subscriber ID	Member phone number
Provider/Physician		Contact name	Provider/Physician phone number
Facility (if applicable)		Facility contact name	Facility phone number
Primary diagnosis (written out)			
Description of treatment (written out)			
Departure date		Return date	

Description of need for travel

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Patient signature

Ready to submit? Fax request form 503-243-5105, or secure email to PEBBcustomerservice@modahealth.com Questions? Contact Moda 360 Health Navigator's at 844-776-1593 or at PEBBcustomerservice@modahealth.com