

October 31, 2008 11:22:09 AM October 31, 2008 11:21:51 AM October 31, 2008 11:21:40 AM

<<Special Transportation Provider>>  
<<Transportation Provider Address>>  
<<City, State, Zip>>

Certification of Need: <<Reason>>

Dear Special Transportation Provider,

This letter is in response to the attached Certification of Need submission received for the following individual:

- Member Name: See Attached Form
- Member Number: See Attached Form
- Send-Back Reason: <<Reason>>

Per the requirements for Non-Emergency Ambulance & Special Transportation Certification of Need, incomplete forms and forms submitted 30 days after the members first transportation date are not accepted.

Fax the ~~corrected~~/completed Certification of Need form to Medica at 952-992-8090.

Thank you,

Provider Data Department  
MEDICA