



Policy and Procedure No: CM 43.10		Revision No: 10
Division: Managed Care Division		
Department: Care Management		
Title: PHC-CA Transportation Benefit		
Effective Date: 10/6/2009		
Supersedes Policy No: CM 43.0, CM 43.1, CM 43.2, CM 43.3, CM 43.4, CM 43.5, CM 43.6, 43.7, CM 43.8, CM 43.9		
Reviewed/Revised by: Melissa Ramos		Review/Revision Date: 10/21/2025
Approving Committee: Utilization Management Committee		Date: 12/15/2025
Executive Oversight Committee Date: 12/16/2025		

Purpose:

To describe the criteria for and process of providing emergency medical (EMT), non-emergency medical (NEMT) and non-medical transportation (NMT) to PHC California (the Health Plan) non-dual and dual enrollees under the Health Plan's contract with the California Department of Health Care Services (DHCS).

Policy:

1. The Health Plan covers EMT services to provide access to all emergency-covered services.
2. The Health Plan provides NEMT services necessary for non-dual and dual enrollees who do not have NEMT coverage through their Medicare Advantage (MA) plan benefit package (PBP) to access covered services, subject to a prescription and prior authorization when required.
3. The Health Plan provides NMT services to non-dual and dual enrollees who do not have NMT coverage through their MA PBP to access covered services and Medi-Cal -covered services carved out of the contract with DHCS.
4. The Health Plan provides NEMT and NMT transportation services to a parent or a guardian when the enrollee is a minor. The Health Plan requests the written consent of a parent or guardian to arrange NEMT or NMT services for an unaccompanied minor.
5. The Health Plan informs enrollees of their right to obtain NEMT or NMT services at no cost to the enrollee to access out-of-network services, and the plan provides NEMT and NMT services to enrollees to access out-of-network providers as appropriate.
6. The Health Plan provides NEMT and NMT to enrollees who receive Medi-Cal covered services covered by and carved out of the Health Plan's contract with DHCS. Carved out services include but are not limited to outpatient pharmacy, specialty mental health, substance use disorders, dental and any other services provided through the standard Medi-Cal Fee for Service (FFS) delivery system.
7. The Health Plan provides enrollees with an Evidence of Coverage (EOC)/Member Handbook that includes information on the procedures for obtaining NEMT and NMT services. The Member Handbook includes a description of NEMT and NMT services and the conditions under which NEMT and NMT are available.
8. The Health Plan may require prior authorization for enrollees prior to the use of NMT Transportation

services.

9. An enrollee or provider is not required to obtain prior authorization for NEMT services if the enrollee is being transferred from an emergency room to an inpatient setting, or from an acute care hospital, immediately following an inpatient stay at the acute level of care, to a skilled nursing facility, an intermediate care facility or imbedded psychiatric units, free standing psychiatric inpatient hospitals, psychiatric health facilities or any other appropriate inpatient acute psychiatric facilities.
 - a. Transfer must be provided within three (3) hours of the enrollee's or provider's request. If NEMT services are not provided within the three (3) hour timeframe, the acute care hospital may arrange, and the Health Plan will cover out-of-network NEMT services.
10. The Health Plan covers transportation-related travel expenses determined to be necessary for NEMT and NMT, including the cost of transportation and reasonably necessary expenses for meals and lodging for enrollees receiving medically necessary covered services and their accompanying attendant. The salary of the accompanying attendant is a covered travel expense if the attendant is not a family member, as set forth in 42 CFR section 440.170(a)(3)(iii). The Health Plan provides NMT or NEMT transportation-related travel expense coverage to eligible enrollees if services are medically necessary. The Health Plan also provides coverage if the enrollee's medically necessary service is not available within a reasonable distance from home and they cannot make the trip within a reasonable time.
11. The Health Plan shall notify enrollees of the process to request prior authorization related to travel expenses if necessary for NEMT and NMT transportation. Should the enrollee fail to comply with the health plan's prior authorization process, the health plan is not required to cover the enrollee's travel expenses.
12. The Health Plan provides transportation services for American Indian enrollees as required by DHCS All Plan Letter (APL) 24-002.
 - a. The Health Plan will reimburse an Indian Health Care Provider (IHCP) that is enrolled in the Medi-Cal program for transporting an American Indian enrollee to an IHCP, regardless of whether the IHCP is contracted with the plan.
 - b. If an IHCP provides transportation services to non-American Indian enrollees, the IHCP must be enrolled in the Medi-Cal program as a transportation provider and must contract with the Health Plan and/or the plan's delegated transportation provider.
 - c. The Health Plan will provide reimbursement for transportation related travel expenses as described in 42 CFR section 440.170(a)(1) and (3), and APL 22-008: Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses, or any subsequent updates.
13. The Health Plan shall provide Major Organ Transplant (MOT) donors NEMT, NMT, and related travel expenses at the request of the MOT living donor or the transplant recipient.
 - a. Physician Certification Statement (PCS) forms are not required for MOT donors requesting NEMT services to ensure the donor has the ability to get to the hospital for the MOT transplant. The Health Plan may utilize prior authorization and utilization management controls for the provision of related travel expenses, including protocols for determining whether an attendant is necessary for the enrollee and the donor. The Health Plan will

allow for an attendant for the donor if the Medical Director determines that an attendant to accompany the donor is necessary.

- b. The Health Plan must refer to DHCS All Plan Letter 22-008, Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses, or any superseding APL. APL 22-008 includes guidance for transportation related travel expenses, including meals and lodging.

14. The Health Plan provides the below referenced modalities of NEMT transportation in accordance with the Medi-Cal Provider Manual contract when the enrollee's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated and transportation required for the purpose of obtaining needed medical care. The Health Plan provides unlimited NEMT services for all medically necessary covered services prescribed in writing by a physician, specialist, mental health, substance abuse disorder provider, or a physician extender, i.e., Physician Assistants, Nurse Practitioners. The Health Plan authorizes, at a minimum, the lowest cost type of NEMT transportation that is adequate for the enrollee's medical need as determined by medical professionals.

- a. The Health Plan provides **NEMT ambulance** services for the following:
 - i. Transfers between facilities for enrollees requiring continuous IV infusion, medical monitoring or observation.
 - ii. Transfers from an acute care facility to another acute care facility
 - iii. Transport for enrollees who have recently been placed on oxygen (excluding enrollees with chronic emphysema who carry their own oxygen for continuous use)
 - iv. Transport for enrollees with chronic conditions who require oxygen if monitoring is required.
- b. The Health Plan provides **litter van services** when the enrollee's medical and physical condition does not meet the need for NEMT ambulance services, but meets both of the following:
 - i. Requires transport of the enrollee in a prone or supine position because the enrollee is incapable of sitting for the period of time needed for transport
 - ii. Requires special safety equipment over and above what is available in passenger cars, taxicabs, or other forms of public transport.
- c. The Health Plan provides **wheelchair van services** when the enrollee's medical or physical condition does not meet the need for litter van services but meets any of the following:
 - i. Enrollee is unable to sit in a private vehicle, taxi or other form of public transportation for the required time of transportation.
 - ii. Requires that the enrollee be transported in a wheelchair or assisted to and from a residence, vehicle and place of treatment because of a disabling physical or

mental limitation.

- iii. Requires specialized safety equipment over and above that normally available in passenger cars, taxicabs or other forms of public conveyance.
- iv. Enrollees with the following conditions may qualify for wheelchair van transport when their providers submit a signed PCS form (as described below):

- (1) Enrollees who suffer from severe mental confusion.

- (2) Enrollees with paraplegia.

- (3) Dialysis recipients.

- (4) Enrollees with chronic conditions who require oxygen but do not require monitoring.

- d. The Health Plan provides **NEMT by air** only when transportation by air is necessary because of the enrollee's medical condition or because practical considerations render ground transportation not feasible. The necessity for transportation by air shall be substantiated in a written order of a physician, dentist, podiatrist, or mental health or substance use disorder provider.

- e. The Health Plan provides NEMT for enrollees who cannot reasonably ambulate or are unable to walk or stand without assistance or are unable to walk without assistance, including those using a walker or crutches.

- f. The Health Plan ensures door-to-door assistance for enrollees who receive NEMT services.

15. The Health Plan uses a DHCS-approved PCS form to determine the appropriate level of service for plan enrollees who require NEMT. The Health Plan must have a completed and executed PCS form on file for all NEMT services that require prior authorization. The PCS form is only to be used for NEMT medically necessary services. The enrollee's treating physician, specialist, mental health provider, substance abuse disorder provider, or a physician extender (i.e., physician assistant, nurse practitioner) prescribes the form of transportation required. The Health Plan does not modify the authorization or the PCS form once provider prescribes NEMT Transport services. The Health Plan does not delegate the review and approval of the PCS form to the transportation brokers. PCS forms must include, at a minimum, the following components:

- a. **Function Limitations Justification:** For NEMT, the physician is required to document the enrollee's limitations and provide specific physical and medical limitations that preclude the enrollee's ability to reasonably ambulate with assistance or be transported by public or private vehicles.

- b. **Dates of Service Needed:** Provide start and end dates for NEMT services; authorizations may be for a maximum of twelve (12) months.

- c. **Mode of Transportation Needed:** List the mode of transportation that is to be used when receiving these services (ambulance/gurney van, litter van, wheelchair van or air transport)

- d. Certification Statement: physician's statement certifying that medical necessity was used to determine the type of transportation being requested

16. The Health Plan provides unlimited NMT to enrollees pursuant to the following:

- a. NMT does NOT include transportation of the sick, injured, invalid, convalescent, infirm, or otherwise incapacitated enrollees who need to be transported by ambulances, litter vans, or wheelchair vans licensed, operated, and equipped in accordance with state and local statutes, ordinances, or regulations.
- b. Physicians may authorize NMT for enrollees if they are currently using a wheelchair but the limitation is such that the enrollee is able to ambulate without assistance from the driver. The Health Plan takes into consideration the enrollee's abilities when scheduling the NMT Transportation Service. The NMT requested must be the least costly method of transportation that meets the enrollee's needs.
- c. At minimum, the Health Plan provides:
 - i. Round-trip transportation for an enrollee by passenger car, taxicab, or any other form of public or private transportation (private vehicle), as well as mileage reimbursement for medical purposes when transportation is in a private vehicle arranged by the enrollee and not through a transportation broker, bus passes, taxi vouchers or train tickets.
 - ii. The Health Plan provides round-trip transportation for all enrollees:
 - (1) To obtain medically necessary covered services.
 - (2) Enrollees picking up drug prescriptions that cannot be mailed directly to the enrollee.
 - (3) Enrollees picking up medical supplies, prosthetics, orthotics and other equipment.
 - iii. NMT in a form and manner that is accessible, in terms of physical and geographic accessibility, for the enrollee and consistent with applicable state and federal disability rights laws.
- d. The following conditions apply for NMT:
 - i. The Health Plan covers round-trip transportation for the enrollee and one attendant such as parent, guardian, partner, or spouse to accompany the enrollee on public transportation including by ferry service subject to authorization at the time of initial NMT authorization request.
 - ii. The Health Plan shall not cover NMT to non-medical locations or for appointments that are not medically necessary.
 - iii. For private conveyance transportation (private vehicle), the enrollee must attest to the Health Plan in person, electronically in writing, or orally over the phone

that he or she has reasonably exhausted all other forms of transportation. The attestation is to include at least one of the following statements:

- (1) No valid driver's license
- (2) No working vehicle available in the household
- (3) Unable to travel or wait for medical or dental services alone
- (4) Has a physical, cognitive, mental or developmental limitation.

iv. The Health Plan authorizes private conveyance round-trip transportation via a privately-owned vehicle arranged by the enrollee for NMT with the following requirements:

- (1) No other methods of transportation are reasonably available to the enrollee or provided by the Health Plan.
- (2) The enrollee must exhaust all other options and provide the attestation described above.
- (3) The Health Plan reimburses gas mileage for the use of a private vehicle only if the driver has the following:
 - a) Valid driver's license
 - b) Valid vehicle registration
 - c) Valid proof of vehicle insurance
- (4) The Health Plan reimburses gas mileage at the standard mileage rate for medical transportation consistent with the Internal Revenue Service when conveyance is in a private vehicle arranged by the enrollee.

17. The Health Plan meets timeliness access standards as set forth by Title 28 CCR Section 1300.67.2.2 (Knox-Keene). Enrollees' need for either NEMT or NMT do not relieve the Health Plan from complying with timely access standard obligations.

18. The Health Plan provides delegation oversight of its transportation vendors and ensure these delegated entities comply with all applicable state and federal laws and regulations, contractual requirements, and other requirements set forth in DHCS guidance, including APLs and Dual Plan Letters.

19. The Health Plan provides timely communication of the requirements described in this policy and procedure to all delegated entities and subcontractors in order to ensure compliance.

20. The Health Plan retains a Transportation Liaison who serves as a point of contact for providers and enrollees to receive real-time assistance directly from the Health Plan with unresolved transportation issues that can result in missed appointments. The liaison role may not be delegated to a transportation broker.

Procedure:

Title: PHC-CA Transportation Benefit
Page 6



1. Based on the enrollee's condition, information provided in the Comprehensive Member Health Record, and/or interview with the enrollee, the enrollee's provider or RNCTM determines the appropriate mode of NMT.
2. Upon receiving an NMT request, a Health Plan staff member, such as Transportation Coordinator, Member Services Agent, RN Care Team Manager (RNCTM) or Care Coordinator, verifies enrollee eligibility through HEALTHsuite. For non-dual "PHC California" enrollees and dual enrollees who have Original Medicare or another Medicare plan primary, the Health plan provides unlimited NMT pursuant to this policy and procedure.
3. If an NMT request comes through Member Services, the Transportation Coordinator verifies the enrollee to going to or returning home from a medical appointment, medical facility, pharmacy, etc., that will render or has rendered a Medi-Cal covered service. UM/Care Coordination staff route NMT requests originating in UM/Care Coordination to the Health Plan's Transportation Coordinator for ride booking.
4. The Health Plan will not deny NMT transportation for an out-of-network carved-out service and must provide NMT Transportation service within the timely access standards.
5. The enrollee must have an approved Physician Certification Statement (PCS) form authorizing NEMT by the provider.
 - a. For covered services requiring recurring appointments, MCPs must provide authorization for NEMT for the duration of the recurring appointments, not to exceed twelve (12) months.
 - b. For enrollee NEMT requests originating in Member Services, the Transportation Coordinator confirms in HEALTHsuite that a PCS form is on file for the requested provider and service requested.
 - c. If the Health Plan has an executed PCS form on file for the requested provider and service, the Transportation Coordinator books enrollee transportation pursuant to the mode of transportation specified on the form.
 - d. If no PCS form for the requested provider and service is on file, the Transportation Coordinator advises the UR Nurse or designee of the request and enrollee and provider details. The UR Nurse or designee contacts the provider who ordered the service in question to request a completed and executed PCS form. Upon receipt of the completed and executed PCS form, the UR Nurse or designee uploads the document to a shared drive and instructs the Transportation Coordinator to book the appropriate mode of transportation with the frequency specified in the PCS form. The transportation coordinator documents the PCS form in HEALTHsuite to include authorized provider and service, length of authorization (up to twelve (12) months), and frequency of transportation.
 - e. Telephone authorization for NEMT transportation requests can be approved by the transportation coordinator when an enrollee requires a covered medically necessary service of urgent nature and a PCS form could not have reasonably been submitted beforehand. The enrollee's provider must submit a PCS form post-service for the telephone authorization to be valid.
 - i. Urgent nature transportation can include, but is not limited to, transportation to urgent

care, emergency rooms, and physician appointments or procedures where orders are written as expedited/urgent. The severity level of orders can be confirmed in the health plan's Care Management System, eQ Health.

6. The Director of Member Services and Call Center Operations or his or her designee, i.e., Manager of Member Services and Transportation Coordinator, are responsible for recording the following information on the NEMT/NMT logs:
 - Enrollee name
 - Enrollee Client Index Number (CIN)
 - Date of birth
 - Medi-Cal Aid Code
 - County, if Plan is multi-county
 - Trip ID
 - Vendor name
 - Date of service
 - Call date
 - Trip status i.e. open, pending, complete etc.
 - Service type i.e. bus, private vehicle, car service, wheelchair, gas reimbursement
 - Reason for trip
 - Pick-up address
 - Drop-off address
 - *For NEMT bookings, PCS form on-file verified*
7. The Transportation Coordinator contacts the transportation agency through telephone or online portal and makes a reservation.
8. Once the reservation is complete the Transportation Coordinator contacts the enrollee to provide the details of his/her transport booking as noted below:
 - a. Transportation Confirmation Number
 - b. Transportation assigned agencies contact number
 - c. The Transportation Coordinator informs enrollees that they must arrive within 15 minutes of their scheduled appointments.
 - d. The Transportation Coordinator provides alternate NMT /NEMT transportation modality should transportation provider not arrive at the schedule pick-up time.
9. The Health Plan allows enrollees to schedule alternate out of network NMT transportation modality in the event transportation provider does not arrive at the scheduled pick-up time. The Health Plan will allow direct enrollee reimbursement for the out-of- network NMT/NEMT if necessary.
10. The Health Plan covers transportation-related travel expenses determined to be necessary for NEMT and NMT, including the cost of transportation and reasonably necessary expenses for meals and lodging for enrollees receiving medically necessary covered services and their accompanying attendant. Expenses shall be covered when the following criteria are met:
 - a. The services are medically necessary and have been prior authorized with the approval of the Health Plan Medical Director.

- b. Services are authorized outside of the Health Plan's service area (Los Angeles County)
 - c. Round-trip travel to service location cannot be completed in twelve (12) hours and is more than three hundred (300) miles round-trip from enrollee's home.
 - d. A completed PCS form for NEMT, if applicable.
11. For enrollee reimbursement procedure, refer to the Health Plans' Standard Operating Procedure (SOP) MS 505.0.0 AHF Direct Member Reimbursement Process. The HealthPlan will reimburse for the following expenses if the above-listed criteria are met:
- a. Food
 - b. Lodging
 - c. Travel-related expenses such as parking and tolls
 - d. The salary of the accompanying attendant is a covered travel expense if the attendant is not a family member, as set forth in 42 CFR section 440.170(a)(3)(iii).
 - e. The Health Plan will take into consideration enrollees' ability to cover travel expenses, the enrollee must attest to the Health Plan in person, electronically, or over the phone that they are unable to pay in advance for related travel expenses. The Health Plan may pre-pay for lodging, food and related expenses on a case-by-case basis at the discretion of the Chief of Managed Care or their designee.
12. The Director of Member Services and Call Center Operations serves as the Health Plan's Transportation Liaison. The liaison is responsible for the triage of urgent transportation calls when an enrollee or provider communicates that they have attempted to work with the broker but an issue remains unresolved and is time sensitive. The liaison contacts the broker to resolve the issue or arranges for out-of-network transportation for the enrollee if necessary to ensure timely access to care.

Definition(s):

- 1. Transportation brokers: are entities that conduct administrative activities on behalf of the MCP such as maintaining a call center for the enrollee to request NEMT or NMT rides, scheduling, and arranging rides for enrollees.
- 2. Round Trip: Round trip is defined as one trip to the medical appointment and one trip back from the medical appointment for which the enrollee is seeking NEMT or NMT. MCPs must approve transportation request that are reasonable, including but not limited to, providing transportation services that begin or conclude at a location other than the enrollee's residence on record (i.e., school, daycare, work, recuperative care centers, etc.). The Health Plan must also allow roundtrips with different start and end points.

Monitoring:

1. The Associate Director of Case Management/Utilization Management or their designee is responsible for ensuring that the PCS Form Tracker is complete and correct and that all PCS Forms are received by the Health Plan. The PCS Form Tracker reports are submitted quarterly to the Utilization Management Committee (UMC).
2. The Health Plan reviews and updates this policy annually, as needed, and submits revisions for approval to the UMC.

Reference(s):

1. DHCS Contract 11-88286, Exhibit A, Attachment 10, Section 6, Paragraph I and Attachment 13, Section 3
2. Department of Health Care Services (DHCS) All Plan Letter (APL) 17-010 (Revised), Non-Emergency Medical and Non-Medical Transportation Services, published July 17, 2017.
3. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-008, Non-Emergency Medical and Non-Medical Transportation Services and Related Expenses, published May 18, 2022.
4. Department of Health Care Services (DHCS) All Plan Letter (APL) 21-015, Benefit Standardization and Mandatory Managed Care Enrollment Provisions of the California Advancing and Innovating Medi-Cal Initiative, Attachment 2 published October 18, 2021 (Revised October 14, 2022)
5. Department of Health Care Services (DHCS) All Plan Letter (APL) 24-002, Medi-Cal Managed Care Plan Responsibilities for Indian Health Care Providers and American Indian Members, published February 8, 2024.
6. DHCS APL 25-006, Timely Access Requirements, published April 25, 2025
7. Social Security Act (SSA) Section 1905(a)(29)
8. Title 42 of the Code of Federal Regulations (CFR) Sections 440.170, 441.62, and 431.53 SSA Section 1902 (a)(70), 42 CFR Section 440.170
9. Title 28 CCR Section 1300.67.2.2
10. Title 22 of the California Code of Regulations (CCR) Sections 51323, 51231.1, and 51231.2
11. Standard Operating Procedure (SOP) MS 505.0.0 AHF Direct Member Reimbursement Process

Regulatory Agency Approvals:

Date	Version	Agency	Purpose	Response
7/5/2024	43.8	Department of Health Care Services (DHCS)	APL 24-002	Approved
8/15/2025	43.9	DHCS	APL 25-006	Approved
11/18/2025	43.10	DHCS	Operational Readiness MOR.0248	Approved



NONEMERGENCY MEDICAL TRANSPORTATION (NEMT) REQUIRED JUSTIFICATION

In order to appropriately evaluate your request, complete all form fields below including physician signature and date of signature. If any field is incomplete, further documentation may be requested. This form constitutes a prescription. [References: California Code of Regulations (CCR), Title 22, Sections 51003, 51303, 51323 and the Medi-Cal Provider Manual]

1. Patient's name		2. Medi-Cal I.D. number	
3. The current Skilled Nursing Facility (SNF) face sheet is: <div style="float: right; margin-top: 5px;"> <input type="checkbox"/> attached, since this patient currently resides in a SNF. <input type="checkbox"/> not applicable, since this patient resides at home. </div>			
4. Dates of Service (DOS) From: _____ To: _____		5. Appointment time Start: _____ <input type="checkbox"/> am <input type="checkbox"/> pm End: _____ <input type="checkbox"/> am <input type="checkbox"/> pm	
6. Days(s) of the week transported to above appointment(s) <div style="text-align: center;"> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday </div>			
7. Documentation is attached <div style="text-align: right; margin-top: 5px;"> <input type="checkbox"/> attached, since transport is not to the nearest facility that can meet the patient's medical needs. <input type="checkbox"/> not applicable, as transport is to the nearest facility that can meet the patient's medical needs. </div>			
8. Diagnosis specific to visit(s)			
9. Medical purpose(s)/justification for visit(s)			
10. Physician Certification Statement: I hereby certify the following (Doc. Must be filled out): <input type="checkbox"/> Medical Necessity was used to determine the type of transportation being requested.			
11. The prescribed treatment plan including problems, interventions, and goals (along with why original goals were not met, if this is a reauthorization TAR) <div style="text-align: right; margin-top: 5px;"> <input type="checkbox"/> is attached, since request is for multiple transports that are ongoing to same provider for same chronic diagnosis. <input type="checkbox"/> is not applicable, since request is for a single transport for a routine visit or one-time medical event. </div>			
12. Patient mobilizes via: <div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Other (describe): _____ </div>			
13. Functional limitations, (specific physical or mental), that preclude the patient's ability to ambulate without assistance or to be transported by private or public conveyance: (If more space is needed, please attach another page.) _____ _____ _____ _____			
14. Based on 11 and 12, above, the required mode of transport is: <div style="text-align: center; margin-top: 5px;"> <input type="checkbox"/> Wheelchair van <input type="checkbox"/> Gurney or litter van <input type="checkbox"/> Ambulance </div>			
14. Physician signature (Physician's personal signature only. No proxy. No stamps.)			15. Date
16. Physician specialty (print or type)			17. License number
18. Physician name (print or type)			19. Telephone number (Area code and number) ()
20. Physician address (number, street, city, zip code)			

OHCS Approved 8/17/2017