

Arizona lodging and special transportation request form

Securely email the completed form and supporting documentation to travellodgingaz@uhc.com.

Please be sure to include the appointment information that supports your request. Authorization may be delayed if this information isn't provided.

Submit standard transportation requests by phone to MTM at **888-700-6822**.

Member information

Member name: _____ Date of birth (DOB): _____

Home address: _____

City: _____ State: _____ ZIP: _____

AHCCCS ID: _____

Parent/guardian name: _____ Phone: _____

Traveling from: _____ to: _____

Request dates needed: Start _____ to _____ Total number of days: _____

Maximum request days = 30; additional days will require coordination and new submission prior to termination of this authorization.

A0140 Nonemergency transportation and air travel (private or commercial) intra- or interstate _____ **S9976** Lodging _____

99082 Special transportation (Uber, taxi to/from airport) _____ **S9977** Meals _____

Facility or provider office/phone (+ extension): _____ Diagnosis for service: _____

Phone: _____ Ext. _____

Date of appointment: _____ Time of appointment: _____

Date of procedure: _____ Time of procedure: _____

Procedure: _____

Member currently inpatient: Yes No _____ Facility/phone (etc.): _____

Reason for request/supporting documentation (attach as necessary): _____

Traveling with member:

1. Name: _____ Relationship: _____ DOB: _____

2. Name: _____ Relationship: _____ DOB: _____

3. Name: _____ Relationship: _____ DOB: _____

Note: Typically, only the child and 1 guardian are allowed. Additional members of family might not be approved.



Form completed by (name):	Date sent to UnitedHealthcare:
(UnitedHealthcare only) decision:	Notification of decision date: