



Medical Assistance (MA) Transportation Program
Urgent Care Request Form



There is a provision within the Medical Assistance Transportation Program (MATP) for transportation for urgent care. The definition of "urgent care" includes any illness that if left untreated could become a crisis or an emergency situation if not treated in a 24- hour period or discharge from a hospital. If your transportation is subsidized by the MATP program and you need transportation for an urgent care matter, you should submit this MATP Urgent Care request to LANtaVan.

**A three-hour notice is required for all urgent care request.*

TO BE COMPLETED IN FULL (Please print)

Part 1

Rider Name _____ Date of Birth ____ / ____ / ____

County of residence of rider (please check one) ___ Carbon ___ Lehigh ___ Northampton

Part 2

Provider Name _____ MA Provider # _____

Medical Location Name & Address _____

Please indicate the requested urgent care services:

___ I am requesting urgent care for hospitalization discharge.

___ I am requesting urgent care for an illness that must be treated within 24-hours.

Part 3

Affirmation of Information:

I hereby certify that I am a medical professional involved in the care of the rider noted above for the Medical Assistance reimbursable service being provided and, to the best of my knowledge, the information contained herein is true, correct, and complete.

Printed Name _____

Signature _____ Date _____

This request must be completed legibly and in its entirety. MATP urgent care requests can be made by submitting an MATP Urgent Care Request Form by fax to 484-633-3625 or email to lantavanapps@lantabus-pa.gov.