

Access2Care Non-Emergent Medical and Non-Medical Transportation Parent/Guardian Authorization - Transportation of Minor

Minor's name: _____ Medi-Cal number: _____
 Date of birth: _____ Type of program: Medi-Cal

I, _____, represent and affirm that I am the parent or legal guardian of the minor child named above. I have asked Access2Care in partnership with Aetna Better Health of California to set up rides to get my child to and from health care services covered by Medi-Cal without being accompanied by an adult. As such, I hereby expressly consent and give permission for the above-named child to ride with an Access2Care provider without an adult escort.

I understand that by granting the consent herein, I represent and affirm that the minor set forth above shall comply with any and all rules set forth by Access2Care. In the event the minor set forth above does not comply with such rules, then Access2Care may require that an adult accompany the minor on future rides or visits.

Emergency and Contact Information:

	First, middle, last name	Address	Phone number
Parent <input type="checkbox"/>			
Guardian <input type="checkbox"/>			
Parent <input type="checkbox"/>			
Guardian <input type="checkbox"/>			
Emergency Contact			

Scheduling:

Pick Up Address	Date and Time of Departure	Destination Address	Date and Time of Appointment

I acknowledge and agree to the following:

- i. The child will be ready for pick up at the specified pick-up location at the scheduled time(s) set forth above.
- ii. I shall immediately inform Access2Care of any changes or cancellations.
- iii. This agreement will stay in effect until: (1) I change it or replace it; (2) the request for one ride or a roundtrip ride is concluded; (3) any ongoing, periodic transportation is concluded and the child no longer requires transportation.

I declare that the information I have provided in this form is true and correct.

Signature Relationship to Minor Date

Before the minor listed above can ride without an adult to and from the covered health-care services:
1) This form must be on file with Aetna Better Health of California's Transportation Service, Access2Care

Fill out and email this form to: PCSWest@amr.net or fax this form to: 866-700-4977

Additionally, you may mail this form to:

ATTN: Care Coordination
 6363 S. Fiddler's Green Circle Ste. 1400
 Greenwood Village, CO 80111