

*Kevin Austin, Chairman of Board
David Moxley, Vice Chairman
Gilbert Hemric, Commissioner
Frank Zachary, Commissioner
Marion Welborn, Commissioner*

*Kim D. Harrell, Director
Marcy Mays, Asst. Director
Jessica Wall, Asst. Director*



YADKIN COUNTY
N O R T H C A R O L I N A

**MEDICAID TRANSPORTATION
VERIFICATION OF RECEIPT OF MEDICAID COVERED SERVICE**

TO: MEDICAID ENROLLED PROVIDER

WHEN TRANSPORTATION ASSISTANCE IS PROVIDED TO A MEDICAID RECIPIENT FOR AUDIT PURPOSES, IT IS NECESSARY TO DOCUMENT THAT THE INDIVIDUAL RECEIVED A MEDICAID COVERED SERVICE FROM A MEDICAID ENROLLED PROVIDER ON THE DATE OF THE TRANSPORT.

PATIENT NAME: _____

MEDICAID ID #: _____

DATE OF APPOINTMENT: _____

THIS IS TO CERTIFY THAT THE ABOVE NAMED PATIENT VISITED THIS OFFICE OR FACILITY AND RECEIVED A MEDICAID COVERED SERVICE.

NAME OF MEDICAID PROVIDER/FACILITY AND PHONE NUMBER:

SIGNATURE OF PERSON COMPLETING FORM ON BEHALF OF PROVIDER:

THIS FORM MUST BE RETURNED TO THE YADKIN COUNTY HUMAN SERVICES AGENCY SOCIAL SERVICES DIVISION WITHIN TEN (10) DAYS FOLLOWING MEDICAID APPROVED APPOINTMENTS. **PLEASE FAX FORM BACK TO 336-849-7937.** FAILURE TO RETURN THIS FORM COULD RESULT IN AN UN-EXCUSED NO-SHOW.

Social Services Division, PO Box 548, Yadkinville, NC 27055 (336) 849-7910
Medical Division, PO Box 548, Yadkinville, NC 27055 (336) 849-7910
Environmental Health, PO Box 548, Yadkinville, NC 27055 (336) 849-7905
www.yadkincountync.gov