



SMART Van, LLC

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Confidential – SMV Certification of Need Request Form

Transportation request for: _____

The above listed Wisconsin Medicaid Recipient has requested Specialized Medical Vehicle (SMV) Transportation. In order for Wisconsin Medicaid to pay for SMV Transportation to Medicaid covered appointment a Physician Certification of Need form is required.

If this person is within the Medicaid guidelines and is eligible to utilize our services please complete the SMV form attached. If the person is not eligible please mark the form accordingly, and return it to us.

Please note:

All areas MUST BE COMPLETED, DATED AND SIGNED with Medicaid Provider's NPI # and sent back to us with your FACILITIES COVER SHEET.

Thank you for your cooperation. If you have any questions, please contact our office.