

Maine State Ferry Service
Complimentary Medical Care Transportation Application Form

Page One: INFORMATION ONLY- Description of Statute. Please review to determine whether your condition/treatment meets the provisions of the Statute.

Page Two: VERIFICATION INFORMATION- To be completed by Patient/Physician- Application for complimentary fare status per the provisions of the Statute.

Page Three: APPROVAL: To be completed by Ferry Service management

Sec. 1. 23 MRSA §4407 is enacted to read:

§4407. Free non-emergency transportation services for catastrophic medical reasons

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Catastrophic illness" means an unforeseen, prolonged and extended illness or medical condition, the medical and associated travel expenses of which are not covered by any other state or federal program or any insurance contract.

B. "Free transportation services" means round-trip transportation without charge from an island served by the Maine State Ferry Service to the mainland and back on scheduled trips of vessels of the Maine State Ferry Service for one eligible resident and one personal vehicle to transport the eligible resident to a scheduled medical appointment. "Free transportation services" includes transportation for one adult attendant to accompany an eligible resident to a scheduled medical appointment.

C. "Medically necessary" means prescribed by a physician and reasonably necessary to treat a catastrophic illness.

D. "Unforeseen, prolonged and extended illness or medical condition" means a severe illness or medical condition of a life-threatening nature, the treatment of which is expected to require a series of procedures or therapeutic interventions at regular intervals extending over a period of months, including, but not limited to, cancer requiring chemotherapy or radiation treatments or kidney disease requiring dialysis treatments.

2. Eligibility. Residents of the island communities served by the Maine State Ferry Service are eligible for free transportation services when traveling to and from regularly scheduled, medically necessary appointments with medical care providers if those appointments pertain to a catastrophic illness. Free transportation services under this section are not available for routine visits to medical care providers or to meet transportation needs arising from an emergency, medical or otherwise. Free transportation services under this section are available only upon approved application. Reimbursement of expenses incurred prior to application for services pursuant to this section is prohibited.

In order to qualify for free transportation, the patient must have a minimum of:

**Twelve (12) appointments within a ninety (90) day period or;
Twenty (20) appointments within a one-hundred & eighty (180) day period**

3. Term of Complimentary Medical Care Transportation. For administrative purposes the term of Complimentary Medical Care Transportation has been limited to six months from the date of approval, i.e. if the initial application approved on 6/10/10, then expiration will occur on 12/10/10. Preceding the expiration of the initial application, applicants may reapply for subsequent Complimentary Medical Care Transportation (s). Each subsequent approval will be valid for a six-month duration or until transportation for treatment is no longer needed, whichever comes first.

By signing, I, _____ (physician/caregiver printed name) state that the Patient listed on Page 2 qualifies for Complimentary Medical Care Transportation.

Physician/Caregiver

Signature _____ Date: _____

The sole purpose of this form is to verify that an applicant meets the provisions of the statute enacted by the 122nd Maine State Legislature which grants complimentary fares for catastrophic medical care as follows

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4. Verification: Please have your physician or caregiver sign Page 1 and provide the following information:

- ✓ Patient Name: _____
- ✓ Island of Residence: _____
- ✓ Patient Telephone Number: _____
- ✓ Number of Appointments*:

| Time Period | # of Appointments |
|----------------|-------------------|
| Next 90 days→ | |
| Next 180 days→ | |

*In order to qualify for free transportation, the patient must have a minimum of:
 Twelve (12) appointments within a ninety (90) day period or;
 Twenty (20) appointments within a one-hundred & eighty (180) day period

- ✓ Treatment start date: _____
- ✓ Expected treatment end date*: _____
- ✓ Physician/caregiver name: _____
- ✓ Physician/caregiver address: _____

- ✓ Physician/caregiver Telephone #: _____
- ✓ Physician/caregiver signature: _____
 [Your signature indicates that your patient is eligible for complimentary ferry transportation under Maine Statute: **Sec. 1. 23 MRSA §4407**
http://www.legislature.maine.gov/legis/bills/bills_122nd/chapters/PUBLIC472-1.asp

*Please notify the Ferry Service when medical treatment is complete or at any time that you no longer qualify for complimentary fares per this Statute. Thank You.



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- Date application submitted: _____
- Approved (yes/no): _____
- Reason for approval/disapproval: _____
- Start date of comp medical fares: _____
- End date of comp medical fares (not to exceed six months from start date): _____

- Approved by: _____
- Signature: _____

*Applicants may reapply beyond this six-month period if further transportation for treatment is required.

- You may e-mail a pdf of the form to: mark.a.higgins@maine.gov
- Or fax completed form to 207-596-2281 attention: MSFS Manager
- Or drop off your application at any Ferry Terminal to be forwarded to the MSFS Manager
- Or mail to:

Maine State Ferry Service
Attn: Manager
517a Main Street Rockland,
ME 04841-0645