

Maine State Ferry Service

Complimentary Medical Care Transportation Application Form

Maine law at Section 4407 of Title 23 provides that residents of 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."

Definitions of the terms in quotation marks, taken from the law, are set out below.

An Application for free Ferry Service must include the completed Physician's Statement on pages 1 and 2 of this Application. Under Maine law, a licensed physician must complete the Physician's Statement; it may not be completed by any other health care personnel. In addition, the Application must include the completed Applicant's Statement on page 3 below.

Pages 1 and 2: PHYSICIAN'S STATEMENT - To be completed by Applicant's Physician.

Page 3: APPLICANT'S STATEMENT – To be completed by Applicant.

Page 4: To be completed by Ferry Service Management.

PHYSICIAN'S STATEMENT

By signing, I, _____

(physician printed name and degree, e.g., MD, DO)

attest that the patient named below meets the eligibility criteria under the definitions set forth below.

Physician Signature: _____

Date: _____

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Definitions:

A. "Catastrophic illness" means an unforeseen, prolonged and extended illness or medical condition.

B. "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.

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

✓ Patient Name: _____

✓ Treatment Location: _____

✓ Treatment Start Date: _____

✓ Expected Treatment End Date: _____

✓ Address of Physician signing this form:

✓ Phone number of Physician signing this form: _____

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APPLICANT'S STATEMENT

Name of Applicant (Patient) : _____

Applicant's Address: _____

Applicant's Phone Number: _____

I state that the Ferry Service travel expenses are not covered by any other state or federal program or any insurance.

I understand that for administrative purposes, the duration of Complimentary Medical Care Transportation is limited to six months from the date of approval of the Application, or the expected treatment end date indicated in the Physician's Statement. I also understand that I may reapply for subsequent Complimentary Medical Care Transportation and that each subsequent approval will be valid for a six-month duration or until transportation for treatment is no longer needed, whichever comes first.

Applicant's Signature: _____

Date: _____

Applicants:

- You may e-mail a PDF copy of this entire **signed** application to: ferry@maine.gov
- Or fax completed form to 207-596-2281 attention: MSFS Director
- Or drop off your application at any Ferry Terminal to be forwarded to the MSFS Director
- Or mail to:

Maine State Ferry Service
Attn: Director
517A Main Street
Rockland, ME 04841-0645

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FOR FERRY SERVICE USE ONLY

- Date application submitted: _____
- Approved (yes/no): _____
- If declined, provide reason:

- Start date of complimentary medical fares: _____
- End date of complimentary medical fares (not to exceed 6 months from start date):

- Approved by: _____
- Signature: _____