INSTRUCTIONS FOR COMPLETING THE MEDICAL ASSISTANCE TRANSPORTATION APPLICATION

Welcome to the TransNet Medical Assistance Transportation Program. We're pleased to be able to provide you with the services offered through the Medical Assistance Transportation Program, which has been offering no cost, flexible transportation to eligible Montgomery County residents for more than 25 years.

Below you will find instructions for completing the enclosed Medical Assistance Transportation Program Application. Please complete this application and return it to the address listed ***within 30 days*** in order to continue to be eligible for the MATP. You may also fax the application to the fax number listed.

- ***Complete Section 1*** with all general information requested. Note: if you do not have a telephone, please include a telephone number and contact name where we can leave a message for you, as we will need to speak to you upon receipt of your application.
- ***Complete Section 2*** by circling yes or no to each question, and checking any boxes that may apply.
- ***Sign and Date the application*.**
- ***Mail or fax the application to:***

TransNet
610 Sentry Pkwy
Suite 200
Blue Bell, PA 19422

Fax: (215) 542-8877

Upon receipt of your application, TransNet staff will contact you to determine and discuss the most appropriate mode of transportation for you.

Thank you for applying for the Medical Assistance Transportation Program. We look forward to assisting you with your medical transportation needs.