To be completed by a medical/clinical/healthcare professional

* A medical/clinical/healthcare professional is someone who has medical training, provides rehabilitative or therapeutic services, performs cognitive assessments, case management, or counseling services

If an applicant is requesting paratransit services and it has not been determined that paratransit is the least costly and most appropriate mode of transportation to meet the applicant's needs, a healthcare professional must provide an explanation of the functional limitations or concerns that would prevent the individual from using fixed-route public transportation. Responses must be specific and directly related to the individual's ability to access or use public transit. Please note that SEPTA vehicles are lift-equipped and are able to accommodate passengers who use wheelchairs as well as other passengers with disabilities. This request is not for a medical diagnosis. However, information regarding specific functional limitations and required accommodation may be requested to support the eligibility determination.

Passenger Name: **SS# or MAID**

Please list any issues that prevent the consumer from being able to utilize public transportation services:

ALL WHEELCAIRS MUST BE IN FUNCTIONING ORDER AND MUST BE INSPECTED AND APPROVED BY OUR RISK MANAGEMENT DEPARTMENT PRIOR TO SCHEDULING TRANSPORTATION. IF A WHEELCHAIR BECOMES NON-FUNCTIONING WHILE IN TRANSIT, BCT WILL CONTACT THE CLIENT'S EMERGENCY CONTACT FOR ASSISTANCE. CLIENT'S EMERGENCY CONTACT OR BCT WILL DIAL 911 FOR EMERGENCY PROFESSIONAL ASSISTANCE AT THE CLIENT'S EXPENSE.

I certify that to the best of my knowledge, due to the functional disability described above, my patient cannot use public transportation.

Is this functional disability permanent? Yes_____ No_____
If no, please specify approximately how long the patient will have a functional disability. _____
Does this patient's disability require the assistance of an escort? Yes_____ No_____
Can this patient use public transportation with the assistance of an escort? Yes_____ No_____

Professional's Signature & Title:_____Date:_____

Professional's Name (Please Print):_____Telephone#:_____

License # if applicable:_____

Section II Appeal Notification

If an individual has been informed that medical transportation services are going to be reduced, changed, suspended, refused, discontinued, or delayed, the individual has the right to appeal to the Department of Human Services Bureau of Hearings and Appeals, P.O. Box 2675, Harrisburg, Pa. 17105. If an oral or written appeal is postmarked or received within ten (10) days of the mailing date of the notice of service denial, benefits will continue without interruption pending the outcome of the appeal. A request for a fair hearing must be postmarked or received within thirty (30) days of the mailing date of the notice of service denial. The client will have the opportunity to explain the reason for the appeal.

Return this form:
Bucks County Transport, Inc
P.O. Box 510
Holicong, Pa.18928
Email: info@bctransport.org or Fax: 215-794-5564

revised 1/2026