Brock Hughes Medical Center (BHMC)
Medical Transportation Assistance Program (MTAP)
Application/Transportation Needs Analysis
Program Year October 1, 2025-September 30, 2026

- The BHMC MTAP will provide appropriate financial assistance for fuel, cab fare or medical transport service, when funds are available, for specialist/diagnostic appointments that are **outside** of Wythe or Bland Counties.
- If approved, the BHMC MTP can provide up to **10 trips** during the program year (October 1st-September 30th.)
- Cab fare usage will be limited to **3 trips** during the program year.

ELIGIBILITY REQUIREMENTS

- Be a resident of Wythe County or Bland County
- Be uninsured or underinsured (have Medicaid/Medicare)
- Meet program income guidelines (must provide proof of income)
- Must provide proof of specialist/diagnostic appointment

Applicant's Name _____ Date of Birth _____

Contact #_____ Emergency Contact # _____

Address _____

Email Address _____

Transportation Needs Analysis:

1. Do you have your own transportation? Yes _____ No_____
2. Is it reliable? Yes _____ No _____ If not, explain _____
3. Are you able to drive to and from your appointments? Yes _____ No _____
   If no, please explain: (attached additional sheets if needed)

If you answered **NO** to any of the questions above, do you have someone who can transport you to and from your appointments? Yes _____ No _____

Certification:

- If a voucher is lost, it cannot be replaced, and it will count as 1 service. If I need to cancel an appointment after receiving a voucher, I must contact BHMC.
- If I am using cab services, I must notify 276 Express at 276-613-9050 **AND** BHMC within 72 business hours of my appointment if I need to cancel the appointment and/or cab. If I do not cancel within 72 business hours, the agency (BHMC) will still be responsible for payment to the cab company and this will count as (1) of the allowable (3) cab visits during the program year. Repeat cancellations that do not happen prior to 72 business hours before the appointment could terminate participation with the MTP.

*Phone Number at BHMC, **276-223-0558, ext. 8 OR** email **info@brockhughes.org**, if needing to cancel an appointment/cab

Number in Household: _____ Circle One: Uninsured Medicaid Medicare

Applicant Signature: _____ Date: _____

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DO NOT COMPLETE THIS PAGE, FOR OFFICE USE ONLY:

 # in household _____

Adjusted Gross Income $_____

Medical Transportation Program Eligibility Requirement Checklist:

- Be a resident of Wythe or Bland County
- Must be uninsured or underinsured (Medicaid/Medicare)
- Proof of appointment
- Provide current proof of household income (below 300% of Federal Poverty Level)
  - POI attached (non-BHMC patient)
  - POI in the Electronic Health Record/Athena (BHMC patient)

Transportation Needs Analysis:

- Fuel Voucher
- Cab Service
- Other_____

BHMC Staff Signature: _____Date: _____

Notes by BHMC Staff:

Return application & income documentation to:
Brock Hughes Medical Center
450 West Monroe Street
Wytheville, VA 24382
info@brockhughes.org or 276-223-0015 (fax)