



Inspire (SNBC) RideCare and Special Transportation Exception Request

To be completed by a health care provider or HealthPartners Inspire care coordinator.
Please reference the HealthPartners RideCare & Special Transportation Exception Request policy.

Email request to: RideCare@HealthPartners.com or Fax to: 952-883-9660

Member & Requestor Information		Date of Request:	
Member Name:			
Member ID:		DOB:	
Requester Name, Title & Entity:		Requester's Phone:	
Requester's Email or fax:			
Name & address of destination for request:		Appt date and time:	

Request Details

Please briefly describe the member's health condition(s) that support request for exception to transportation benefit:

Please list other clinics tried and failed:

Type of Specialty requested:

Mode of Transportation Needed:

Prior Authorization Needed: (i.e., Mayo Clinic requires prior authorization; therefore, RideCare requires an Auth in place prior to scheduling transportation.

Additional Comments: