



## Parental Authorization Waiver

Minor Beneficiary's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Minor Beneficiary's Medicaid Number: \_\_\_\_\_  
Plan ID: 0320

I, \_\_\_\_\_, Parent/Guardian/Legal Custodian of \_\_\_\_\_, authorize MTM to schedule transportation services and transport my minor dependent who is between 5 and 16 years of age, to and from their designated health care services and related programs unaccompanied by an adult.

This Parental Authorization Waiver is effective from the date of my signature until it is revoked in writing to MTM by me or anyone else having authority to revoke the authorization.

\_\_\_\_\_  
Printed name of Parent/Guardian/Legal Custodian

\_\_\_\_\_  
Relation to Minor Beneficiary

\_\_\_\_\_  
Signature of Parent/Guardian/Legal Custodian

\_\_\_\_\_  
Date

Fax or mail signed Parental Authorization form to:

**MTM**  
**Care Management Department**  
**16 Hawk Ridge Drive**  
**Lake St Louis, Mo 63367**  
**Fax: 877-406-0658**