



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Medical Standards Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

Notice of Approval of Inter-Island Air Transportation

This is to inform you that inter-island air transportation has been approved for:

<i>Name and Mailing Address:</i>	<i>Medicaid ID #:</i>
	<i>Age:</i>
	<i>Phone Number:</i>

Worker Name: Unit: Phone:

Appointment Date: Appointment Time:

Name of Companion:

Type of Ticket: Round trip Round trip with attendant
 One way One way with attendant

Departure Airport:

Wheelchair required: Yes No Oxygen: Liter: Flow:

Departure Date: Airline: Flight#: Time: Ref. #:

Return Date: Airline: Flight#: Time: Ref. #:

Comments:

***Please bring a picture identification and arrive at the airport 2 hours before your flight. CHANGES CANNOT BE MADE ONCE TICKETED.**

***If you require ground transportation, lodging, and/or food for overnight stay, please contact your DHS worker.
*Please notify your provider if you miss your appointment for ANY reason. If you travel Inter-Island and fail to show-up for your scheduled appointment without a valid reason, you have committed fraud and the Department will seek to recover your travel cost.**