



Southwest Airlines Medical Grant Program e-Pass Application and Instructions – 2024

Eligibility

1. **Important:** the patient has made the decision to get care at MGH regardless of this program
 - a. (Defined as: **patient has ALREADY BEGUN TREATMENT at MGH**).
2. The **passenger** (patient and/or caregiver) lives in or can get to a U.S. city (including Puerto Rico) served by Southwest airlines. Check the website: http://www.southwest.com/html/cs/travel_center/routemap_dyn.html. (US and Puerto Rico only. e-passes cannot be used on routes operated by Southwest partners.)
3. The passenger has financial need as determined by social worker.
4. The passenger must:
 - a. Be able to board an aircraft and sit with a seatbelt fastened for the duration of the flight.
 - b. **Not** require a constant supply of compressed or liquid medical/supplemental oxygen.
 - c. Be medically stable. Southwest may require a “medical certificate” - a letter stating that the passenger will be able to complete the flight without needing medical care.

_____ My initials indicate **ALL** of the criteria above are met.
(SW Initials)

PATIENT Name _____ DOB or MRN _____

Is patient traveling? Yes* No

- *If yes please have patient or guardian complete an [Authorization for Release of PHI](#). (Not required for caregivers.) We must have signed release before issuing pass. Faxed and scanned copies of signed form accepted.

How many people are traveling? (One round-trip issued per traveler) _____

Who is traveling? Please list name(s) and relation to patient. Passes are assigned to specific individuals. _____

2024 Limit: 6 round trips per family, per FISCAL year (through 9/1/24). To ensure equity and that passes issued are used, **passes will be issued for one visit at a time. Extenuating circumstances or need more? Ask** - we may have flexibility as supplies allow.

Origin Airport _____ **Destination Airport:** Boston, Logan

Note: passes are not used to relocate or only to return home. Please consult a resource specialist or Ellen Forman if seeking a destination other than Boston.

Description of need: _____

Used program since 9/1/23? No Yes, how many trips? _____

Additional Instructions:

1. Please inform passengers that e-passes **cannot** be replaced if lost or stolen.
2. **Note: an e-pass is valid for one-way travel. Round trips require two e-passes.**
3. Does the passenger show observable symptoms that may concern airline staff? If so, it may be wise to ask a medical provider for a letter stating that the passenger will be able to complete the flight without needing medical care. The airline may require this “medical certificate” before allowing passenger to fly.
4. Additional instructions will be included with the e-pass numbers. (See website for copy.)

Delivery Instructions:

e-mail to: _____ **Please inform recipient that they will receive an encrypted e-mail from Mass General Brigham; they will need to register to open the email.**

Hand deliver to: _____
Received by name: _____ Date _____
Received by signature: _____

Mail to: _____

MGH Social Service Department Social Worker Approval

Social worker name: _____ Date: _____
Social worker signature: _____

For CRC Staff Use

1. **If patient is traveling- Signed release of PHI is attached** (fax or scan OK) **OR**
 On file and date is within 2 years of the next January 31
2. All required information is completed (see checklist)
3. e-pass reference numbers **AND traveler name for each pass/pair of passes** _____
4. Mailed (certified) – *attach receipt* Overnight?
5. CRC staff signature _____ Data entered (EWF only) _____