



STANDING ORDER FORM

FAX # 877.813.5599
PHONE # 866.469.2824

		<input type="checkbox"/> New <input type="checkbox"/> Update Existing
Member Name:	Medicaid #:	DOB: ____/____/____
Facility Name:	Phone #:	Fax #:

APPOINTMENT INFORMATION

Days <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Appt. Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Return Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Ambulatory <input type="checkbox"/> Cane <input type="checkbox"/> Walker/Rollator <input type="checkbox"/> Escort <i>(If Member resides ½ mile or less from a fixed route stop, he/she must use mass transit unless a mass transit restriction form is on file)</i> Is Member DART Certified? YES _____ NO _____
	Start Date: ____/____/____ End Date: ____/____/____	<input type="checkbox"/> Wheelchair <input type="checkbox"/> Manual <input type="checkbox"/> Electric Is the member able to transfer to an ambulatory vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Medical Necessity Form required for all wheelchair transport requests)</i>
	Weight: _____ Height: _____ Stairs: _____	<input type="checkbox"/> Stretcher <input type="checkbox"/> Oxygen ____ Liters <input type="checkbox"/> Isolation <i>(Medical Necessity Form required for all stretcher transport requests)</i>
	Treatment Type: _____	Special Needs: _____

PICK-UP INFORMATION

Facility/Residence:	Address:
City/State/Zip:	Room/Apartment #:
Phone #:	Alt #:

DROP-OFF INFORMATION

Facility Name:	Address:	
City/State/Zip:	Building Name:	Suite #:
Phone #:	Physician / Department:	

Must be submitted 3 days prior to the first trip

NAME: _____ SIGNATURE: _____ TITLE: _____

“Caution: This information contains confidential and proprietary trade secrets, the release of which could cause competitive harm. It is not subject to disclosure under any freedom of information act or open records act law or regulation. Do not further disclose.”