



### STANDING ORDER FORM

**All sections MUST be completed. Incomplete forms will be returned.**

FAX # 866-535-0246  
PHONE # 866-277-8962

Member's Name:	<input type="checkbox"/> New <input type="checkbox"/> Update Existing	
Member's Insurance ID#	Gender: Female / Male	DOB: ___/___/___

#### APPOINTMENT INFORMATION

<b>Appointment Days</b>  <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Appt. Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>Level of Service:</b> <input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair   Height: _____ Weight: _____
	Return Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
	Start Date: ___/___/___	<b>Select One:</b> <input type="checkbox"/> Transportation <input type="checkbox"/> Gas Reimbursement
	End Date: ___/___/___ <input type="checkbox"/> Ongoing	<b>Select One:</b> <input type="checkbox"/> One Way <input type="checkbox"/> Round Trip
	Special Needs:  <input type="checkbox"/> Escort <input type="checkbox"/> Car Seat	Can the Member sign the driver's log? <input type="checkbox"/> Yes <input type="checkbox"/> No Will signature status be permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No

#### GAS REIMBURSEMENT INFORMATION

(Complete Only if Gas Reimbursement is Selected. Next Section MUST Be Completed for all Requests.)

Driver Name: _____	Mailing Address: _____	SSN: _____
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#### PICK-UP INFORMATION

Member Residence (no PO Boxes):	Phone #:
Address:	City, State Zip:

#### DROP-OFF INFORMATION

Facility Name:	Phone #:
Address:	City, State Zip:

<b>Treatment Type:</b> <input type="checkbox"/> Dialysis <input type="checkbox"/> Mental/Behavioral Health <input type="checkbox"/> Chemo/Radiation	<b>Ordering Party:</b> Name: _____ Title: _____ Phone#: _____ Fax#: _____
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**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

“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.”