



TRANSPORTATION REQUEST FORM

(For one time trip)

Must Be Submitted **3 Business Days** Prior to the Appointment Day

Please Complete All Fields of Form or Trip Will Not Be Scheduled

EAST FAX # 877-457-3341

PHONE # 888-527-2120

Facility:	Trip Requestor:	Professional Title:
Requestor Phone #	Requestor Fax #	Trip Date:
Member Name (Last, First, MI)		Special Needs: <input type="checkbox"/> Oxygen <input type="checkbox"/> Car Seat
DOB: ___/___/___	Escort: <input type="checkbox"/> Yes <input type="checkbox"/> NO	
Medicaid ID #	Reason For Appointment:	

LEVEL OF SERVICE:

<input type="checkbox"/> Ambulatory
<input type="checkbox"/> Wheelchair: Weight: _____ Height: _____ Stairs(#): _____ Ramp: <input type="checkbox"/> Yes <input type="checkbox"/> No Is the member able to transfer to a sedan vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Stretcher: Weight: _____ Stairs(#): _____ Ramp: <input type="checkbox"/> Yes <input type="checkbox"/> No *Please attach the Level of Service Certification. *Members cannot be treated on stretcher at the facility.

PICK-UP INFORMATION

P/U Facility Name/Residence:	Phone #
Address/Apt:	City, State ZIP

DROP-OFF INFOMATON

D/O Facility/Complex Name:	Phone #
Address/Suite:	City, State Zip:
Appointment Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Will Call <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> One Way or <input type="checkbox"/> Round Trip	Return Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM

To be processed ALL fields MUST be completed and legible. Failure do so could result in trip not being processed.
(Must be submitted **3 Business Days** prior to the appointment day and no later than 4pm, or it will be counted as the next day.)

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."