



modivcare

VA Operations
Reservations Call Center
798 Park Ave NW
Norton, VA 24273
Phone: 866.679.6330
Fax: 866.679.6329

TRANSPORTATION REQUEST FORM

(For single date trip requests)

Must Be Submitted 5-Business Days Prior to the Appointment Day

Trip Requests with Less Than a 5-Business Day Notice Must Be Called In

To be processed ALL fields MUST be completed and legible; failure to do so will result in the trip request being denied.

Form with fields: Facility, Trip Requestor, Professional Title, Requestor Phone #, Requestor Fax #, Trip Date, Member Name, Special Needs, DOB, Escort, Insurance Type, Medicaid ID #, Car Seat checkbox.

LEVEL OF SERVICE AND LEVEL OF ASSISTANCE:

Form with fields: Curb-To-Curb, Door-To-Door, Hand-To-Hand, Ambulatory, Wheelchair, Stretcher, Bariatric Stretcher, Stretcher Van, Medical Condition, Weight, Height, Stairs, Wheelchair Type, Transfer safety checkbox.

PICK-UP INFORMATION

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

DROP-OFF INFORMATION

Form with fields: D/O Facility/Complex Name, Phone #, Address/Suite, City, State Zip, Appointment Time, Will Call, Return Time, Appointment Reason, Reimbursement checkbox.

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.