



modivcare

Miami, FL Operations
5875 NW 163th Street, Suite 203
Miami Lakes, FL 33014

STANDING ORDER FORM

FAX # 1-866-779-5242
PHONE # 1-866-252-1566

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

APPOINTMENT INFORMATION

Appointment Days <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	Level of Service: <input type="checkbox"/> Ambulatory <input type="checkbox"/> Mass Transit <input type="checkbox"/> Wheelchair* <input type="checkbox"/> Stretcher <input type="checkbox"/> ALS <input type="checkbox"/> BLS
	Return Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	* Wheelchair - <input type="checkbox"/> Manual or <input type="checkbox"/> Electric Is the member able to transfer to a sedan vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Start Date: ___/___/___	Height:___ Weight:___ Stairs:___ Ramp: <input type="checkbox"/> Yes <input type="checkbox"/> No
	End date: ___/___/___	<input type="checkbox"/> One Way <input type="checkbox"/> Round Trip
	Special Needs: <input type="checkbox"/> Escort <input type="checkbox"/> Car Seat (Not Provided)	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
		If yes, reason why?

PICK-UP INFORMATION

Facility/Complex Name:	Phone #:
Address/Apt:	City, State Zip:

DROP-OFF INFORMATION

Facility/Complex Name:	Phone #:
Address/Suite:	City, State Zip:

Treatment Type: <input type="radio"/> Hemodialysis <input type="radio"/> Cancer Care <input type="radio"/> Prescribed Pediatric Services <input type="radio"/> Mental Health <input type="radio"/> Other: Specify _____	Ordering Party: Facility Name: _____ 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.”