



CA STANDING ORDER FORM

FAX # (877)-601-0535

PHONE # (866)529-2128

Member's Name:	Insurance Type:	
Member's Insurance 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"/> Wheelchair <input type="checkbox"/> BLS <input type="checkbox"/> Mass Transit <input type="checkbox"/> Stretcher <input type="checkbox"/> ALS <input type="checkbox"/> Gas Reimbursement If Stretcher/BLS/ALS provide precautions: _____
	Return Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
	Start Date: ___/___/___	Height: _____ Weight: _____
	End date: ___/___/___	Ongoing <input type="checkbox"/>
	Special Needs:	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
Physician's Signature: _____		

PICK-UP INFORMATION

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

DROP-OFF INFORMATION

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

Treatment Type: <input type="checkbox"/> Dialysis <input type="checkbox"/> Other _____ <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Adult Day Care	Ordering Party: Name: _____ Title: _____ Phone#: () _____ Fax#: () _____
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By submitting this form I agree to cooperate with Modivcare's fraud, waste and abuse mitigation efforts and will provide a tendance verifications reports and re-certifications of standing orders as reasonably requested.

***A PCS form must be filled out for NEMT transportation. If there is no PCS form on file a standing order will not be made and trips will have to be scheduled individually through the reservation line.**

NAME: _____ SIGNATURE: _____ DATE: _____

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.