modivcare

GA Operations
1640 Phoenix Blvd. Ste. 200
College Park, GA 30349

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
CENTRAL FAX # 877-601-0613
CENTRAL PHONE # 866-570-6128

Facility:	Trip Requestor:	Professional Title:
Requestor Phone #	Requestor Fax #	Trip Date:

Member Name (Last, First, MI)		Special Needs:
DOB: ____/____/____	Escort: ❑ Yes ❑ NO	❑ Oxygen ❑ Car Seat
Medicaid ID #		Reason For Appointment:

LEVEL OF SERVICE:

❑ Ambulatory

❑ Wheelchair: Weight: _____ Height: _____ Stairs(#):_____ Ramp: ❑ Yes ❑ No

Is the member able to transfer to a sedan vehicle: ❑ Yes ❑ No

❑ Stretcher: Weight: _____ Stairs(#): _____ Ramp: ❑ Yes ❑ 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: _____ ❑ AM ❑ PM ❑ One Way or ❑ Round Trip	Will Call ❑ Yes ❑ No Return Time: _____ ❑ AM ❑ 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:**

Revised 9/15/2015