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

STANDING ORDER FORM

(*The Standing Order is Only Active for 30 Days*)

SOUTHWEST FAX # 877-601-9795 SOUTHWEST PHONE # 866-570-3126

Member's Name:	Medicaid ID #:	DOB: ___/___/___	☐ New
Facility Name:	Phone #:	Fax #	☐ Update Existing

APPOINTMENT INFORMATION

Appointment Days	Appt. Time: ☐ AM ☐ PM	☐ Ambulatory ☐ Cane ☐ Walker/Rollator ☐ Escort
☐ Monday	Return Time: ☐ AM ☐ PM	☐ Wheelchair ☐ Manual ☐ Electric Is the member able to transfer to an ambulatory vehicle: ☐ Yes ☐ No
☐ Tuesday	Start Date:____/_____/_____	☐ Stretcher ☐ Oxygen ____ Liters ☐ Isolation
☐ Wednesday	End date:____/_____/_____	Height: Weight:
☐ Thursday	Special Needs:	☐ Ongoing ☐ One Way ☐ Round Trip
☐ Friday	☐ Oxygen ☐ Car Seat	Can the Member sign the driver's log? ☐ Yes ☐ No
☐ Saturday ☐ Sunday		Will signature status be permanent? ☐Yes ☐ No

GAS REIMBURSEMENT INFORMATION

Driver Name:___________________________ Mailing Address:

Driver Phone # SSN:

PICK-UP INFORMATION

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

DROP-OFF INFORMATION

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

Procedure Code:	**Ordering Party:**
Treatment Type: ☐ Dialysis ☐ Adult Day ☐ Mental Health ☐ Other	Name: _________ Title:___________ Phone#: ( )_ Fax#: ( )___

I, the <u>licensed physician or certified professional named below</u>, acknowledge that I understand that transportation is provided to treatments which are Medicaid covered services and hereby declare under potential penalty of Medicaid Fraud to the best of my knowledge and belief the above referenced information is accurate.

Physician or Certified Professional: PRINTED NAME/TITLE:

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."

Revised 9/15/2015