Kansas Operations
4149 Highline Blvd. Suite 200
Oklahoma City, OK 73108

STANDING ORDER FORM

FAX # 800-597-2091
PHONE # 866-697-0496

Member's Name:	Insurance Type:	
Member's Insurance ID#	Gender: Female / Male	DOB: ____/____/____

APPOINTMENT INFORMATION

Appointment Days	Appt. Time: _____ ☐ AM ☐ PM Return Time: _____ ☐ AM ☐ PM	**Level of Service:** ☐ Ambulatory ☐ Gas Reimbursement ☐ Wheelchair ☐ Escort
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday	Start Date:____/_____/_____	Height: Weight:
	End date:____/_____/_____	☐ Ongoing ☐ One Way ☐ Round Trip
	Special Needs:	Can the member sign the driver's log? ☐ Yes ☐ No
		Will signature status be permanent? ☐ Yes ☐ No
		Physician's Signature_____

GAS REIMBURSEMENT INFORMATION

Driver Name:_____ Mailing Address: _____ SSN:_____

PICK-UP INFORMATION

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

DROP-OFF INFORMATION

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

Treatment Type:	**Ordering Party:**
☐ Dialysis ☐ Adult Day Health ☐ Mental/Behavioral Health ☐ Chemo/Radiation	Name:_____ Title:_____ Phone#: _____ Fax#: _____

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."