



**Massachusetts**  
**STANDING ORDER REQUEST FORM**  
 (For facility use only)

<b>FACILITY PHONE: (855)-483-6530</b>				<b>FACILITY FAX: (855) 864-0954</b>			
Ordered By						Phone	
Title						Fax	
Member Name						Date of Birth	
Member ID #				Insurance Type			
Treatment Days	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THURS	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT	<input type="checkbox"/> SUN
Appoint. Time	Arrival Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			Return Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM			
<b>Level of Service (required)</b>							
<input type="checkbox"/> AMBULATORY	<input type="checkbox"/> WHEELCHAIR: Weight: _____			Height: _____		Stairs: _____	
	<input type="checkbox"/> DOOR – DOOR for selected LOS Reason						
	Any other special needs or directions: _____						
<b>ALS , BLS, and Stretcher</b>							
<input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> Non-Medical Stretcher <input type="checkbox"/> Other medical needs: _____				<input type="checkbox"/> Cardiac Monitor <input type="checkbox"/> Oxygen - LPM _____ <input type="checkbox"/> IV: Type _____ Bariatric: Weight: _____			
Escort traveling with member <input type="checkbox"/> YES <input type="checkbox"/> NO							
Can member sign driver log <input type="checkbox"/> YES <input type="checkbox"/> NO				Start Date: _____			
If member cannot sign, reason: _____				End Date: _____ (on-going if not checked)			
<b>Treatment Type</b>							
<input type="checkbox"/> Rehabilitation		<input type="checkbox"/> Mental Health/Counseling			<input type="checkbox"/> Wound Care		
<input type="checkbox"/> Chemo/Radiation		<input type="checkbox"/> Physical Rehabilitation			<input type="checkbox"/> Other: Specify: _____		
<input type="checkbox"/> Dialysis		<input type="checkbox"/> Pain Management					
<b>Holiday Schedule (for facility attending)</b>							
New Year's Eve	<input type="checkbox"/> Open	<input type="checkbox"/> Closed	<input type="checkbox"/> Schedule Change				
New Year's Day	<input type="checkbox"/> Open	<input type="checkbox"/> Closed	<input type="checkbox"/> Schedule Change				
Martin Luther King	<input type="checkbox"/> Open	<input type="checkbox"/> Closed	<input type="checkbox"/> Schedule Change				
Presidents Day	<input type="checkbox"/> Open	<input type="checkbox"/> Closed	<input type="checkbox"/> Schedule Change				
Good Friday	<input type="checkbox"/> Open	<input type="checkbox"/> Closed	<input type="checkbox"/> Schedule Change				
Patriots Day	<input type="checkbox"/> Open	<input type="checkbox"/> Closed	<input type="checkbox"/> Schedule Change				
Memorial Day	<input type="checkbox"/> Open	<input type="checkbox"/> Closed	<input type="checkbox"/> Schedule Change				
July 4 <sup>th</sup>	<input type="checkbox"/> Open	<input type="checkbox"/> Closed	<input type="checkbox"/> Schedule Change				
Labor Day	<input type="checkbox"/> Open	<input type="checkbox"/> Closed	<input type="checkbox"/> Schedule Change				
Columbus Day	<input type="checkbox"/> Open	<input type="checkbox"/> Closed	<input type="checkbox"/> Schedule Change				
Veterans Day	<input type="checkbox"/> Open	<input type="checkbox"/> Closed	<input type="checkbox"/> Schedule Change				
Thanksgiving	<input type="checkbox"/> Open	<input type="checkbox"/> Closed	<input type="checkbox"/> Schedule Change				
Day after Thanksgiving	<input type="checkbox"/> Open	<input type="checkbox"/> Closed	<input type="checkbox"/> Schedule Change				
Christmas Eve	<input type="checkbox"/> Open	<input type="checkbox"/> Closed	<input type="checkbox"/> Schedule Change				
Christmas	<input type="checkbox"/> Open	<input type="checkbox"/> Closed	<input type="checkbox"/> Schedule Change				

“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.”



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Pick-Up Info					
Residence/Complex Name/Facility					
Address				Apt. / Room #	
City	State			Zip	
Phone			Alternate Phone		
Drop-Off Info					
Facility / Complex Name					
Address				Apt. / Room #	
City		State		Zip	
MD:		Department:			
Phone			Alternate Phone		
Previous Service issues/ Special needs:			Process for weather related closures:		
Preferred Transportation:			Additional information specific to this member: _____ _____ _____ _____		

Visit the website for facilities at <https://facility.Modivcare.com> to input your own standing orders or single trip requests.

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