

ME Operations 400 Southborough Rd. South Portland, ME 04106

TRANSPORTATION REQUEST FORM

(For one time trip)

Must Be Submitted 2 Business Days Prior to the Appointment Day

Please Complete All Fields of Form or Trip Will Not Be Scheduled

FAX #: 877-637-9091 PHONE #: 877-659-1305

FRONE #. 0/1-033-1303			
Facility:	Trip Requestor:	Professional Title:	:
Requestor Phone #:	Requestor Fax #:	Trip Date:	
Member Name (Last, First, MI)		Do you bill section 50 or 67 of MaineCare? (If yes, a letter is required as to why you can't	
DOB:/	: 🗆 Yes 🗆 No	□ Yes □ No transport) □ Yes □ No	
MaineCare ID #:			
Trip requested is for a MaineCare covered service ☐ Yes ☐ No			
LEVEL OF SERVICE:			
☐ Ambulatory			
☐ Wheelchair: Weight: Height: Stairs: ☐ Yes ☐ No *Able to sign: ☐ Yes ☐ No			
* Is the member able to transfer to a sedan vehicle: Yes No			
* Is Wheelchair ☐ Electric ☐ Manual * Does wheelchair fold ☐ Yes ☐ No			
Door – Door Needed: ☐ Yes ☐ No Reason:			
PICK-UP INFO			
P/U Facility Name/Residence:		Phone #:	
Address/Suite: City, State ZIF		ZIP	
DROP-OFF INFO			
Dr. Name:			
D/O Facility/Complex Name:		Phone #:	
Address/Suite: City, State Zip		Zip	
Appointment Time:	□ PM Will Call	☐ Yes ☐ No Tro	eatment Type:
☐ One Way or ☐ Round Trip	Return Tir	e:	
To be processed ALL fields MUST be completed and legible. Failure to do so could result in trip not being processed.			

"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."

SIGNATURE: