ModivCare

ModivCare | 400 Scarborough Dr. Suite 101 | South Portland, ME 04106
877.659.1305 | Modivcare.com

STANDING ORDER REQUEST FORM

At least one day per week, minimum 90 (ninety) days MEdocument.review@modivcare.com

****Each section must be complete and submitted no later than 2 business days prior to the start date.****

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

Requested By: (Must be a treating provider/case manager)	Title:	Phone #:
MaineCare covered service **0 Yes 0 No**	**0** New Order (adds or new) **0** Update (supersedes existing) **0** Terminate Existing Order	Fax #: Email:
Member's Name:	MaineCare ID #:	DOB: / /

Does the member have other appropriate means of transportation: 0 Yes 0 No

APPOINTMENT INFORMATION

Treatment Days

0 Monday
0 Tuesday
0 Wednesday
0 Thursday
0 Friday
0 Saturday
0 Sunday

Appt. Time: _____ 0 AM 0 PM

Return Time: _____ 0 AM 0 PM

Start Date: _____/_____/_____

End date: _____/_____/_____

Level of Service:
0 Ambulatory * 0 Wheelchair
*Wheelchair size: 0 Regular 0 Oversized

***If Wheelchair:** Member's Weight: _____ Height: _____
Able to transfer to vehicle: 0 Yes 0 No
Stair: 0 Yes 0 No Wheelchair fold: 0 Yes 0 No

Treatment Type:
0 Day Support
0 Dialysis
0 Supported Employment
0 Chemo/Radiation
0 Physical Rehabilitation
0 Case Management
0 Counseling
0 Therapy
Type:
0 Substance Abuse (15 min appt.)
0 Other specify treatment:

0 Mass Transit (bus passes)
0 Mileage Reimbursement (complete next two lines)
Driver Name:
Mailing address:
0 Needs Transportation

0 One Way
0 Round Trip

Escort traveling with member?: 0 Yes 0 No
Can the Member sign the driver's log?: 0 Yes 0 No
Door to Door: 0 Yes 0 No
Can't leave unattended: 0 Yes 0 No

Important information/special needs for the member:

PICK-UP INFORMATION

Complex Name:	Adult Shared Living: Residential Care Housing: Group Home:	0 Yes 0 No 0 Yes 0 No 0 Yes 0 No
Residence Address/Apt #:	City, State Zip:	
Phone #:	Emergency Contact & Phone#:	

DROP OFF INFORMATION

Facility/Complex Name:	Treating Provider Name:
Address/Suite/Bldg. #:	City, State Zip:
Phone #:	Alternate Phone #:
Additional standing order information:	

Visit the website for facilities at Modivcare.com to input your own standing orders, single trip requests or to do monthly attendance.

Signature: _____ **Date**:_____