



**modivcare**

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**NEVADA STANDING ORDER CANCELLATION FORM**

The following member will or is no longer utilizing pre-scheduled transportation services through Modivcare:

Member Name: \_\_\_\_\_

Member ID#: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Last ride will occur on the following date: \_\_\_\_\_

**OR**

Date member last attended (using our services): \_\_\_\_\_

Reason for cancellation: \_\_\_\_\_  
\_\_\_\_\_

Ordered by (print full name): \_\_\_\_\_

Today's Date: \_\_\_\_\_

<https://facility.modivcare.com>

<https://facilityinfo.modivcare.com>

[www.modivcare.com](http://www.modivcare.com)