

NAME: \_\_



West Virginia Operations Facility Department 6□2 Virginia St. E Charleston, WV 253□1 Fax: (855)

882-5998

## TRANSPORTATION REQUEST FORM

(For single date trip requests)

Must be submitted  $\underline{\textbf{5}}$  business days prior to the appointment day.

Trip requests with less than a 5-business day notice must be called in.

To be processed ALL fields MUST be completed and legible; failure to do so will result in the trip request being denied.

To be processed file fields	Widor be completed and leg	ibic, failare to ao s	o will result in the th	ip request being deflica.	
Facility:	Trip Requestor:		Р	Professional Title:	
Requestor Phone: Requestor Fa			Т	rip Date:	
Member Name (Last, First, MI):			Special Needs: (Please include special equipment or pick-up/drop-off instructions)		
DOB: / / E	Escort: 🗆 Yes 🗆 No				
Insurance Type:	surance Type: Medicaid ID #:				
			☐ Car Seat (Member must provide car seat)		
	LEVEL OF SERVICE A	AND LEVEL OF AS	SISTANCE:		
☐ Curb-To-Curb ☐ Door-To-Door ☐ Hand-To-Hand					
☐ Ambulatory ☐ Wheelchair ☐ Mileage Reimbursement ☐ Public Transit					
Medical Condition that Requires Wheelchair:					
Weight: Height: Stairs(#): Wheelchair Type:   Manual  Power					
(Height and weight are required for all wheelchair requests)					
Member is able to transfer from his or her wheelchair, in and out of a vehicle safely: $\square$ Yes $\square$ No					
PICK-UP INFORMATION					
P/U Facility Name/Residence:		Phone:			
Address/Apt:		ty, State ZIP:			
DROP-OFF INFORMATION					
D/O Facility/Complex Name:		Phone:			
Address/Suite:	City, State Zip:				
Appointment Time:		Will Call: □	Call: □ Yes □ No		
☐ One Way or ☐ Round Trip		Return Time:			
Appointment Reason:		Does your facility provide its own transportation?  ☐ Yes ☐ No Requested Provider Name: ("not guaranteed")			

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: \_\_\_\_\_ DATE: \_\_\_\_