



### TRANSPORTATION REQUEST FORM

(For one time trip)

Must Be Submitted at least **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**

Facility:	Trip Requestor:	Professional Title:
Requestor Phone #:	Requestor Fax #:	Trip Date:
Member Name (Last, First, MI)		<b>Are you a PNMI, ResCare or Nursing Facility?</b> <input type="radio"/> Yes <input type="radio"/> No (If yes, a detailed letter is required as to why you can't transport)
DOB: ____/____/____	Escort: <input type="radio"/> Yes <input type="radio"/> No	
MaineCare ID #:		<b>Is the member skilled or non-skilled?</b> Skilled <input type="radio"/> Non-Skilled <input type="radio"/>

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

**Trip requested is for a MaineCare covered service  Yes  No**

#### LEVEL OF SERVICE:

<input type="radio"/> Ambulatory
<input type="radio"/> Wheelchair: <b>Weight:</b> _____ <b>Height:</b> _____ <b>Stairs:</b> <input type="radio"/> Yes <input type="radio"/> No <b>*Able to sign:</b> <input type="radio"/> Yes <input type="radio"/> No <b>* Is the member able to transfer to a sedan vehicle:</b> <input type="radio"/> Yes <input type="radio"/> No <b>* Is Wheelchair</b> <input type="radio"/> Electric <input type="radio"/> Manual <b>* Wheelchair fold</b> <input type="radio"/> Yes <input type="radio"/> No <b>*WC Size</b> <input type="radio"/> Regular <input type="radio"/> Bariatric
Door – Door Needed: <input type="radio"/> Yes <input type="radio"/> No Reason:_____

#### PICK-UP INFO

P/U Facility Name/Residence:	Phone #:
Address/Suite:	City, State ZIP

#### DROP-OFF INFO

Dr. Name:		
D/O Facility/Complex Name:	Phone #:	
Address/Suite:	City, State Zip	
Appointment Time: _____ <input type="radio"/> AM <input type="radio"/> PM	Will Call <input type="radio"/> Yes <input type="radio"/> No	Treatment Type:
<input type="radio"/> One Way or <input type="radio"/> Round Trip	Return Time: _____ <input type="radio"/> AM <input type="radio"/> PM	

**To be processed ALL fields MUST be completed and legible. Failure to do so could result in trip not being processed.**

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

“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.”