

STANDING ORDER REQUEST FORM
At least one day per week, minimum 90 (ninety) days
****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: <small>(Must be a treating provider/case manager)</small>	Title:	Phone #:
MaineCare covered service 0 Yes 0 No	0 New Order (adds or new) 0 0 Update (supersedes existing) 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	Appt. Time: 0 AM 0 PM	Level of Service:
	Return Time: _____ 0 AM 0 PM	0 Ambulatory * 0 Wheelchair *Wheelchair size: 0 Regular 0 Oversized
0 Monday	Start Date: ____/____/____ _____ End date: ____/____/____	*If Wheelchair: Member's Weight: _____ Height: _____
0 Tuesday		Able to transfer to vehicle: 0 Yes 0 No
0 Wednesday	Treatment Type:— 0 Day Support 0 Dialysis 0 Supported Employment 0 Chemo/Radiation 0 Physical Rehabilitation 0 Case Management 0 One Way 0 Round Trip 0 Counseling 0 Therapy Type: 0 Substance Abuse (15 min appt.) 0 Other specify treatment:	Stair: 0 Yes 0 No Wheelchair fold: 0 Yes 0 No
0 Thursday		0 Mass Transit (bus passes)
0 Friday		0 Mileage Reimbursement (complete next two lines)
0 Saturday		Driver Name:
0 Sunday		Mailing address:
		0 Needs Transportation
		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: 0 Yes 0 No Residential Care 0 Yes 0 No Housing: Group 0 Yes 0 No
Residence Address/Apt #:	Home: 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:** _____

"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."