modivcare

GA Operations
1640 Phoenix Blvd. Ste. 200
College Park, GA 30349

STANDING ORDER FORM

(*The Standing Order is Only Active for 30 Days*)

EAST FAX # 877-457-3341 EAST PHONE # 888-527-2120

Member's Name**:**	Medicaid ID #:	DOB**:** ___/___/___	☐ New ☐ Update Existing
Facility Name:	Phone #:	Fax #	

APPOINTMENT INFORMATION

Appointment Days		
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday	Appt. Time**:** _____ ☐ AM ☐ PM	☐ Ambulatory ☐ Cane ☐ Walker/Rollator ☐ Escort
	Return Time**:** _____ ☐ AM ☐ PM	☐ Wheelchair ☐ Manual ☐ Electric Is the member able to transfer to an ambulatory vehicle**:** ☐ Yes ☐ No
	Start Date**:**____/_____/_____	☐ Stretcher ☐ Oxygen ____ Liters ☐ Isolation
	End date**:**____/_____/_____	Height**:** Weight**:**
	Special Needs**:** ☐ Oxygen ☐ Car Seat	☐ Ongoing ☐ One Way ☐ Round Trip Can the Member sign the driver's log? ☐ Yes ☐ No Will signature status be permanent? ☐ Yes ☐ No

GAS REIMBURSEMENT INFORMATION

Driver Name:_____ Mailing Address: _____

Driver Phone # _____ SSN:_____

PICK-UP INFORMATION

Facility/Complex Name**:**	Phone #:
Address/Apt**:**	City, State Zip:

DROP-OFF INFORMATION

Facility/Complex Name**:**	Phone #:
Address/Suite**:**	City, State Zip:

Procedure Code:	**Ordering Party:** Name:_____
Treatment Type: ☐ Dialysis ☐ Adult Day ☐ Mental Health ☐ Other_____	Title:_____ Phone#: ( )_____ Fax#: ( )_____

I, the <u>licensed physician or certified professional named below</u>, acknowledge that I understand that transportation is provided to treatments which are Medicaid covered services and hereby declare under potential penalty of Medicaid Fraud to the best of my knowledge and belief the above referenced information is accurate.

Physician or Certified Professional: PRINTED NAME/TITLE: _____

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."

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