MODIVCARE

4615 E Elwood St Suite 300

Phoenix, AZ 85040

Modivcare.com

modivcare

HI STANDING ORDER FORM

FAX: 1-866-475-5745
PHONE: 1-866-475-5744

Member's Name:	Insurance Type:	
Member's Insurance ID#	Gender: Female / Male	DOB: _____/_____/_____

APPOINTMENT INFORMATION

Appointment Days		
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday	**Appt. Time:** _____ ☐ AM ☐ PM	**Level of Service:** ☐ Ambulatory ☐ Wheelchair ☐ BLS ☐ Mass Transit ☐ Stretcher ☐ ALS ☐ Gas Reimbursement
	Return Time: _____ ☐ AM ☐ PM	If Stretcher/BLS/ALS provide precautions:
	Start Date: ____/_____/_____	Height: _____ Weight: _____
	End date: ____/_____/_____	Ongoing ☐
	Special Needs:	Can the member sign the driver's log? ☐ Yes ☐ No
		Will signature status be permanent? ☐ Yes ☐ No
		Physician's Signature:

PICK-UP INFORMATION

Facility/Complex Name:	Phone:
Address:	City, State, Zip:

DROP-OFF INFORMATION

Facility/Complex Name:	Phone:
Address:	City, State, Zip:

Treatment Type:	**Ordering Party:**
☐ Dialysis ☐ Other _____ ☐ Substance Abuse ☐ Mental Health ☐ Adult Day Care	Name: _____ Title: _____ Phone: ( ) _____ Fax: ( ) _____

By submitting this form, I agree to cooperate with ModivCare' s fraud, waste and abuse mitigation efforts and will provide attendance verifications reports and re-certifications of standing orders as reasonably requested.

NAME (Please Print): _____

SIGNATURE: _____ **DATE**: _____

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