Transportation Request Form

MoreCare®
A Medical Home Network Affiliate

First Transit

Rides are subject to MoreCare benefit limits. Please call Member Services or check your explanation of benefits for more info.

Member Name:		**Member DOB:**	
Member ID:		**Today's Date:**	

Level of Service & Mobility Aids

- ☐ **Ambulatory**
  - ☐ Cane
  - ☐ Walker
  - ☐ Rollator
- ☐ **Wheelchair**
  - ☐ Manual
  - ☐ Electric
  - ☐ Scooter
- ☐ **Other:**
  - ☐ Service Animal
- ☐ **Pace Paratransit**

Pace #

Trip Reason

- ☐ Dialysis
- ☐ Chemo
- ☐ Radiation
- ☐ Wound Care
- ☐ Behavioral Health
- ☐ Physical Therapy
- ☐ Substance Abuse
- ☐ Wound Care
- ☐ Primary Care Physician
- ☐ Pharmacy *(must be scheduled with an existing appointment)*
- ☐ Other: _____

Single Trip Info

- ☐ One Way
- ☐ Round Trip
- ☐ Attendant 1
- ☐ Attendant 2

Trip Date of Service:

_____

Standing Order Info

- ☐ New Order ☐ Recertify Order
- ☐ Round Trip ☐ One-Way
- ☐ Attendant 1 ☐ Attendant 2

Appointment days, please check all that apply:

☐ **Su** ☐ **M** ☐ **T** ☐ **W** ☐ **Th** ☐ **F** ☐ **Sa**

Begin Date: _____

End Date: _____

Address Information

Pickup				**Drop Off**			
Residence or Facility				**Residence or Facility**			
Address				**Address**			
City		**Zip**		**City**		**Zip**	
Phone No.				**Phone No.**			

Pickup Time:	**Appt Time:**	**Return Time:**

Special notes:

Agreement and Signature

I understand that if I have given false information or intentionally failed to disclose information, I may be subject to prosecution, criminal, civil, or both. I certify, under penalty of perjury, that the information provided on this form is accurate to the best of my knowledge.

Requestor's Name & Title (print)	**Requestor's Phone**	**Requestor's Signature**	**Date**

Please email this form to morecaretransportation@firstgroup.com or fax to 630.446.8438

Level of Service Information	
Ambulatory	Transportation by passenger vehicle of a patient whose medical condition does not require a specialized mode. Member can ambulate or transfer from a wheelchair, read and understand common directions and signs, and requires little to no assistance.
Wheelchair	Transportation of a patient whose medical condition requires the use of a hydraulic or electric lift or ramp, wheelchair lockdowns, or transportation by stretcher when the patient's condition does not require medical supervision, medical equipment, the administration of drugs or the administration of oxygen, etc.
Pace Paratransit	Member is certified by Pace to utilize their service; certified members will have a Pace ID number
Non-Emergency Ambulance	Transportation of a patient whose medical condition requires transfer by stretcher and medical supervision. The patient's condition may also require medical equipment or the administration of drugs or oxygen, etc., during the transport. There are two main types of ambulance transport: BLS (Basic Life Support) and ALS (Advanced Life Support).
Attendant	Attendant – A person who accompanies a member to an appointment to assist with providing care to the member during transport and their appointment. Members can have up to 2 attendants accompany them.