Standing Order Transportation Request Form

Reoccurring appointments with same pick-up and drop-off times, at least once a month for 6 months, or 1 or more times per week for 4 or more weeks.

Member's Name: ___________________ DOB: ___/___/_____ Gender: M☐ F☐

Medicaid ID Number:___________________

Member's Phone Number:(___)____________________________

Alternate Phone Number:(____) ____________________

Requestor's Name:_________________________

Requestor's Relationship to Patient: _________________________

Requestor's Contact Number: (____) ____________ Requestor's E-mail ______________________

Appointment Reason: _________________

Appointment Time: _______________

Return Pickup Time: _________________

Appointment Start Date:____________ End Date: __________

Appointment Days of week (Circle all that apply): Sun Mon Tues Wed Thurs Fri Sat

Member's Mobility Type (Choose One):☐ Ambulatory ☐Manual W/C ☐Motorized W/C ☐ BLS ☐ ALS

Notes/Comments:____

Home/Pickup Address:___________________Bldg.:_Apt/Floor/Suite:___

City:_________________ State:_____ Zip:_________

Special Directions: ________________________

Facility/Dropoff Address:___________________Bldg.:______________Apt/Floor/Suite:___

City:_________________ State:_____ Zip:_________

Special Directions: _______________________ Facility Phone Number: _____________

☐ The member lives ¼ of a mile from the bus stop, and the facility is ¼ a mile or less, and the member can physically walk to from the bus stop before and after appointments. (In this case a monthly bus pass will be issued for the member)

☐ The Member has a friend or family member that is willing to bring them to/from the appointments and be reimbursed through the Gas Reimbursement Program.

☐ The Member does not qualify for Public Transit or Gas Reimbursement

Please sign below that the above information is accurate and true to the best of your

knowledge. Requestors Signature: __________________

Please submit all completed Standing Order forms to MediTrans via email at

facility@meditrans.com or fax at (337) 366-6760