



TRANSPORTATION

The vital link in community health care

Phone (866) 276-9554
Fax (877) 483-3608

Com Center Rep: \_\_\_\_\_

EVS: \_\_\_\_\_ Auth: \_\_\_\_\_

Intake Date: \_\_\_\_\_

H2H Intraoffice Use Only - Do Not Complete

Reservation Transportation Request

Patient Name: \_\_\_\_\_ (Medicaid Only) Treating Phys. NPI: \_\_\_\_\_

Date of Transport: \_\_\_\_\_ Room Number: \_\_\_\_\_ M/F: \_\_\_\_\_

Pick-Up Time: \_\_\_\_\_ Appt. Time: \_\_\_\_\_ Patient Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Requesting Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Person Requesting Transport: \_\_\_\_\_ (Name, Title)

Contact Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Destination Facility: \_\_\_\_\_ Steps: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite #: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

- Type of Transport: [ ] WHEELCHAIR [ ] BARIATRIC WHEELCHAIR [ ] ELECTRIC MOBILITY SCOOTER
[ ] AMBULANCE [ ] BARIATRIC AMBULANCE [ ] ADVANCED LIFE SUPPORT (ALS) Paramedic only
[ ] SEDAN [ ] SPECIALTY CARE SERVICE (SCT) Paramedic w/RN

- Special Needs: [ ] IV INFUSION - medication: \_\_\_\_\_ [ ] VENTILATOR - specify settings: \_\_\_\_\_
[ ] OXYGEN - specify LPM: \_\_\_\_\_ [ ] NEONATAL POD or CAR \_\_\_\_\_
[ ] CARDIAC MONITOR [ ] OTHER: \_\_\_\_\_

FAX FACE SHEET WITH REQUEST
PLEASE SEND PCS FOR STRETCHER REQUESTS

Reminder: A Physician Certification Statement (PCS) is required for all Medicare discharges
and/or transfers. Medical Assistance patients also require County/City certification.
The Veterans Administration does not require PCS or MA certification.