



Standing Order Trip - Request for Transportation Services

This form must be complete and legible in order to properly schedule transportation.

* please note, Standing Order requests can only have up to 3 changes per month made to them (i.e. changing addresses, pick up days or times, etc). After 3 changes, these requests are no longer considered Standing Orders and will need to be submitted as individual trips.

Order Status: New Order Revision Cancellation

For revisions/Cancellations – Original Confirmation Number _____

Patient Name _____ Patient Health First Colorado ID # _____

Patient Date of Birth _____ Today's Date _____

Agency/Hospital Name: _____ Contact: _____

Contact Phone Number: _____ Fax: _____

Scheduling Information:

Pick Up Address:	Drop Off Address:
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Location Name: _____	Location Name: _____
Suite #: _____ Phone # _____	Suite #: _____ Phone # _____

Schedule information:

Time of Appointment: _____ AM PM	Return Time (round trip only): _____ AM PM
Start Date: _____	End Date: _____
Days of travel: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Trip Purpose: <input type="checkbox"/> Dialysis <input type="checkbox"/> Chemo <input type="checkbox"/> Radiation	
<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Mental Health	
Other: (Describe) _____	
Physician: _____	

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 I have obtained the information on the form from the patient or their representative, and the information provided is accurate to the best of my knowledge. **It is the responsibility of the facility/social worker requesting a Standing Order to maintain that order, including, but not limited to submitting, updating, and canceling the order. Repeated No Show's, Cancels, or changes can result in the cancelation of the current Standing Order and restrictions/denial of future Standing Orders.**

Name of requesting person _____ Signature _____

Please call (855.264.6368) to verify the form was approved 2 business days after you submit the form.

FOR TOTAL TRANSIT USE: Confirmation Number: _____