

## Special Transportation Appointment

**Special Transportation Services:** Services requiring specialized non-emergent transportation including ambulatory stretcher van, member attendant/escort, wheelchair van, scheduled basic life support, scheduled advanced life support.

<p><b>Provider/Program Documentation</b></p> <p>Date _____</p> <p>I do hereby certify that _____ was brought in for a                  Program/Appointment. <span style="float: right;">(Patient's Name)</span></p> <p>_____                  (Name/Title of Person Signing Form) <span style="float: right;">(Name of Provider/Program)</span></p>															
<p><b>Transportation Documentation</b></p> <p>Name of Transportation Provider _____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">                 _____                  Pick-up Street Address             </td> <td style="width: 50%; border: none;">                 _____                  Destination Street Address             </td> </tr> <tr> <td style="border: none;">                 _____                  Pick-up City             </td> <td style="border: none;">                 _____                  Destination City             </td> </tr> <tr> <td style="border: none;">                 _____                  Name of Driver             </td> <td style="border: none;">                 _____                  Driver Signature <span style="float: right;">Date</span> </td> </tr> <tr> <td style="border: none;">                 _____                  Vehicle ID #             </td> <td style="border: none;">                 _____                  Vehicle License #             </td> </tr> <tr> <td style="border: none;">                 _____                  Time Arrived             </td> <td style="border: none;">                 _____                  Time Departed             </td> </tr> <tr> <td style="border: none;">                 _____                  Time Arrived             </td> <td style="border: none;">                 _____                  Time Departed             </td> </tr> <tr> <td style="border: none;">                 _____                  Odometer Reading (begin)             </td> <td style="border: none;">                 _____                  Odometer Reading (end)             </td> </tr> </table>		_____ Pick-up Street Address	_____ Destination Street Address	_____ Pick-up City	_____ Destination City	_____ Name of Driver	_____ Driver Signature <span style="float: right;">Date</span>	_____ Vehicle ID #	_____ Vehicle License #	_____ Time Arrived	_____ Time Departed	_____ Time Arrived	_____ Time Departed	_____ Odometer Reading (begin)	_____ Odometer Reading (end)
_____ Pick-up Street Address	_____ Destination Street Address														
_____ Pick-up City	_____ Destination City														
_____ Name of Driver	_____ Driver Signature <span style="float: right;">Date</span>														
_____ Vehicle ID #	_____ Vehicle License #														
_____ Time Arrived	_____ Time Departed														
_____ Time Arrived	_____ Time Departed														
_____ Odometer Reading (begin)	_____ Odometer Reading (end)														
<p><b>Member Signature</b></p> <p>_____                  Member Signature <span style="float: right;">Date</span></p>															

HIPAA Statement: A covered entity may disclose protected health information to another covered entity or a health care provider (including providers not covered by the Privacy Rule) for the payment activities of the entity that receives the information. Note: This form must be completed in its entirety. This information is subject to audit by representatives of Medica. **Special Transportation Provider: Maintain a copy of this signed form in the patient's file for 10 years.**