

**MedCare Transportation  
Sedan/Wheelchair Van/Ambulance Request Form  
Fax Completed Form to 443-275-1094**



Patient Information			
Last Name:	First Name:	Weight:	
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Social Security Number:
Insurance Information <input type="checkbox"/> Check here if patient has no insurance (We will bill the facility)			
Primary Insurance Name:	Primary Insurance Policy Number:	Primary Insurance Group Number:	
Secondary Insurance Name:	Secondary Insurance Policy Number:	Secondary Insurance Group Number:	
Diagnosis:		Escort to Accompany? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Transportation Needed: <input type="checkbox"/> <b>Stretcher*</b> <input type="checkbox"/> <b>Wheelchair</b> <input type="checkbox"/> Patient needs a wheelchair <input type="checkbox"/> Patient has an electric wheelchair *If the patient requires a stretcher, you must fill out a Provider's Certification Statement and fax it along with this form.			
<b>Medical Needs:</b> <input type="checkbox"/> Cardiac monitor <input type="checkbox"/> Oxygen _____ LPM <input type="checkbox"/> Bariatric (>300 pounds) <input type="checkbox"/> Spinal Precautions? <input type="checkbox"/> Trach collar? <input type="checkbox"/> Vent Patient? <input type="checkbox"/> Other (please describe below):			
Description:			
INFECTION PRECAUTIONS <input type="checkbox"/> AIRBORNE <input type="checkbox"/> CONTACT <input type="checkbox"/> DROPLET			
Pick up Date:	Pick up Time:	Appt. Time:	Return Trip Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Does the destination have a place for the patient to wait (if stretcher patient, do they have a bed for patient)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Origination			Destination
Facility:			Facility:
Address:			Address:
Unit/Room:			Unit/Room:
City/State/ZIP:			City/State/ZIP:
Telephone:			Telephone:
Steps:			Steps:
Form Completed by (print name):		Callback Phone & Extension:	Date/Time Submitted:
Comments:			