



12363 W. Cocopah St.  
Avondale, AZ. 85323  
Provider ID# 053655

Dispatch (623)478-2054  
Fax# (623)533-4825  
Tax ID# 20-4203978

**TRANSPORTATION REQUEST FORM**

**Vehicle Required:**

Check where applicable: X

- Wheelchair Van
- Ambulatory Van
- Stretcher Van
- Member has Wheelchair
- Member has Scooter
- Please provide W/C

**Special Needs:**

- One Way
- Round Trip
- Pickup Time \_\_\_\_\_ A.M.  P.M.
- Appt. Time: \_\_\_\_\_ A.M.  P.M.
- Return Time: \_\_\_\_\_ A.M.  P.M.

**Miles**

Code: A \_\_\_\_\_  
Code: S \_\_\_\_\_

**Transport Date:**

\_\_\_\_\_

**Approved by:**

\_\_\_\_\_

Authorization# \_\_\_\_\_

**Patient Information:**

Name: \_\_\_\_\_  
Member ID# \_\_\_\_\_  
DOB: \_\_\_\_\_

**Payer:**

Requested by: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Pickup:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Destination:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Room/Suite#: \_\_\_\_\_  
Phone: \_\_\_\_\_

Room/Suite#: \_\_\_\_\_  
Phone: \_\_\_\_\_

Comments:

**PLEASE FAX BACK WITH CONFIRMATION**