



Transportation Request Form

Attention: ID CSCOT

Please complete this form in its entirety. Note that two days' notice is required for standard transportation requests. Urgent appointment requests or changes with less than 48 hours' notice must be made by phone.

Person Making Request:		Date:	
Phone:		Fax:	
Patient Last Name:		Patient First Name:	
Phone:	Medicaid ID Number:	Date of Birth:	
Does the Member Speak English <input type="checkbox"/> No <input type="checkbox"/> Yes		Member's Primary Language:	
Appointment Type:		Round Trip? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pick-up Street Address:		City:	State: Zip:
Additional Passenger? <input type="checkbox"/> No <input type="checkbox"/> Yes	Additional Passenger Name:		Additional Passenger Age:
Destination Name (Facility/Practice/Doctor):		Destination Phone:	National Provider ID (NPI):
Destination Street Address:		City:	State: Zip:
Appointment Date:		Appointment Time:	
Patient's Weight:	Number of Steps:	Does patient require a stretcher? <input type="checkbox"/> No <input type="checkbox"/> Yes (a LON may be required)	
Does patient use any of the following assistive devices? <input type="checkbox"/> Scooter <input type="checkbox"/> Electric Wheelchair <input type="checkbox"/> Manual Wheelchair		Can patient transfer into a car? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If requesting trip with less than required days' notice, please list reason for urgency:			
Is this a recurring trip? <input type="checkbox"/> Yes <input type="checkbox"/> No	Recurring Trip Start Date:		Recurring Trip Stop Date:
	What is the weekly schedule? <input type="checkbox"/> N <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> S		
	Appointment Start Time:		Appointment Completion Time:
Special Needs or Remarks (Preferred transportation provider, etc):			

If you have any questions please contact ID CSCOT at (888) 561-8747.

Fax completed form to MTM's Customer Service Center Operations Team (CSCOT): 844-529-1802