modivcare

VA Operations Exceptions
798 Park Ave NW
Norton, VA 24273

STANDING ORDER FORM

(Please fax to the number provided at least 48 hours before the initial trip)
FAX # 866.907.1491
PHONE # 866.679.6330 option 2
(Facilities/Case Managers only)
Visit Tripcare.Modivcare.com to complete request electronically.
For member and driver safety, all activities may be recorded.

Member's Name:	Insurance Type	DOB: ___/___/___
Medicaid ID #	Phone #:	☐ New ☐ Update Existing

APPOINTMENT INFORMATION

Appointment Days

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

Arrival Time: AM PM

Pick up Time from Facility: AM PM

Start Date:____/_____/_____

End Date:____/_____/_____

Special Needs: (Requested pick-up time, additional medical equipment, escorts, etc.)

☐ Ambulatory (Able to walk) ☐ Cane ☐ Walker/Rollator

☐ Wheelchair ☐ Manual ☐ Electric

Medical Condition:

☐Stretcher ☐ Oxygen ____ Liters ☐ Self-Regulated

Height: Weight: Steps or Ramp:

Assistance Level ☐ curb-to-curb ☐ door-to-door ☐ hand-to-hand

Can the Member sign the Driver's Log? ☐ Yes ☐ No

Preferred Transportation or Sole Source Provider:

GAS REIMBURSEMENT INFORMATION

Driver Name: _____ Mailing Address: _____

Driver Phone # _____ Email Address: _____

PICK-UP INFORMATION

Facility/Complex Name:	Phone #:
Address/Apt:	City, State Zip:

DROP-OFF INFORMATION

Facility/Complex Name:	Phone #:
Address/Suite:	City, State Zip:

Treatment Type:

- ☐ Adult Daycare
- ☐ Behavioral Health
- ☐ Day Support
- ☐ Dialysis
- ☐ Substance Abuse
- ☐ Therapeutic Day TX
- ☐ Supported Employment
- ☐ Other _____

Requesting Party:
Name:_____
Title:_____
Phone#: ( )_____
Fax#: ( )_____

***Please remember to qualify for a standing order, the order must remain the same for 90 days. Any changes are subject to be denied.**

NAME: _____SIGNATURE: _____ DATE: _____