



# Transportation Request Form

**Attention:**  
**Please fax completed form to MTM's Contact Center at 636.561.6055**

Please complete this form in its entirety. Note: Two (2) business days' notice is required for standard transportation requests. Urgent appointment requests or changes with less than 72 hours' notice must be made by phone.

<b>Person Making Request:</b>		<b>Date:</b>	
<b>Phone:</b>		<b>Fax:</b>	
<b>Patient Last Name:</b>		<b>Patient First Name:</b>	
<b>Phone:</b>	<b>Medicaid ID Number:</b>	<b>Date of Birth:</b>	
<b>Appointment Type:</b>		<b>Round Trip?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pick-up Street Address:</b>		<b>City:</b>	<b>State:</b> <b>Zip:</b>
<b>Additional Passenger?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Additional Passenger Name:</b>		<b>Additional Passenger Age:</b>
<b>Destination Name (Facility/Practice/Doctor):</b>		<b>Destination Phone:</b>	<b>National Provider ID (NPI):</b>
<b>Destination Street Address:</b>		<b>City:</b>	<b>State:</b> <b>Zip:</b>
<b>Appointment Date:</b>		<b>Appointment Time:</b>	
<b>Patient's Weight:</b>	<b>Number of Steps:</b>	<b>Does patient require a stretcher?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (a LON may be required)	
<b>Does patient use any of the following assistive devices?</b> <input type="checkbox"/> Scooter <input type="checkbox"/> Electric Wheelchair <input type="checkbox"/> Manual Wheelchair			<b>Can patient transfer into a car?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>If requesting trip with less than required days notice, please list reason for urgency:</b>			
<b>Is this a recurring trip?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Recurring Trip Start Date:</b>		<b>Recurring Trip Stop Date:</b>
	<b>What is the weekly schedule?</b> <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		
	<b>Appointment Start Time:</b>		<b>Appointment Completion Time:</b>
<b>Special Needs or Remarks (Preferred transportation provider, etc):</b>			