Universal
Healthcare Logistics

STANDING ORDER

Transportation Request

Recurring non-emergency medical transportation

Use this form to request recurring non-emergency medical transportation. Attach the insurance ID card when available.

1. Patient and Insurance Information

First Name

Last Name

Date of Birth MM/DD/YYYY

Phone Number

Insurance Name

Member ID

☐ Copy of insurance ID card attached

2. Standing Order Schedule

Service Start Date MM/DD/YYYY

Service End Date MM/DD/YYYY

Requested Pickup Time

Appointment Time

Days of Service

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

Return Pickup Time

☐ Return is will-call ☐ One-way ☐ Round trip

3. Trip Addresses

Pickup Address

Street address, city, state, ZIP code

Drop-off Address

Facility name, street address, city, state, ZIP code

4. Transportation Service Type

Select the required level of service:

☐ Ambulatory ☐ Wheelchair ☐ Stretcher ☐ Escort required

Special Instructions or Mobility Needs

5. Requesting Facility or Contact

Facility / Requester Name

Contact Phone or Email

Request Date MM/DD/YYYY

Authorized Signature

Submission of this form does not guarantee service until availability and eligibility are confirmed.

Return to info@universalhealthcarelogistics.com · (305) 564-2941