LogistiCare Solutions
3280 N Cimarron Dr.
Suite 107
Las Vegas, NV 89129

OR STANDING ORDER FORM

FAX # (855) 882-5627

PHONE # 1-844-287-6698

Member's Name:	Insurance Type:	
Member's Insurance ID#	Gender: Female / Male	DOB:____/____/____

APPOINTMENT INFORMATION

Appointment Days	Appt. Time: ________ ☐ AM ☐ PM Return Time: ________ ☐ AM ☐ PM	Level of Service: ☐ Ambulatory ☐ Wheelchair ☐ Mass Transit ☐ Stretcher ☐ Gas Reimbursement If Stretcher/BLS/ALS provide precautions:_______________
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday	Start Date:____/_____/_____	Height:____________ Weight: ____________
	End date:____/_____/_____	Ongoing ☐
	Special Needs:	Can the member sign the driver's log? ☐ Yes ☐ No
		Will signature status be permanent? ☐ Yes ☐ No
		Physician's Signature:

PICK-UP INFORMATION

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

DROP-OFF INFORMATION

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

Treatment Type: ☐ Dialysis ☐ Other ___________ ☐ Substance Abuse ☐ Mental Health ☐ Adult Day Care	**Ordering Party:** Name:_______________________ Title:_______________________ Phone#: ( )_______________________ Fax#: ( )_______________________

NAME:________________________**SIGNATURE:**______________________**DATE:** ____________

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