

**Region 2 Re-Route Form**  
**LogistiCare Solutions, LLC**

Date: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Provider: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Time Faxed: \_\_\_\_\_ Address: \_\_\_\_\_  
Fax #: \_\_\_\_\_

JOB #	Member's Name	Code	Pick-Up Time	Pick-Up County

**PLEASE NOTE: This Form is To Be Faxed Within 24 Business Hours of Scheduled Pick-Up Time to LogistiCare, or 2 Hours of When Fax Was Received to the Region 2 Office at Fax Number: (866-872-3664) or After Hours Fax Number: (866-679-6329).**

**DO NOT PUT MORE THAN ONE DAY OF SERVICE ON THIS FORM! USE DIFFERENT FORM EACH DAY!**

**Please Do Not Combine Cancellations and ReRoutes On This Form!**