modivcare
FORMERLY LOGISTICARE

VA Operations
Utilization Review Department
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
For member and driver safety, all activities may be recorded.

Member's Name:	Insurance Type:	☐ New ☐ Update Existing
Member's Medicaid ID #:	Gender: Female / Male	DOB: ____/____/____

APPOINTMENT INFORMATION

Appointment Days ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday	Appt. Time: _____ ☐ AM ☐ PM	Level of Service: (Please select the appropriate Level of Service) ☐ Ambulatory ☐ Wheelchair ☐ Stretcher Van ☐ Stretcher ☐ Bariatric Wheelchair ☐ Bariatric Stretcher Member's condition that requires wheelchair/stretcher:
	Return Time: _____ ☐ AM ☐ PM	
	Start Date:____/_____/_____	Height: Weight: **(Height and Weight are needed for all wheelchair and stretcher requests)**
	End date:____/_____/_____	Assistance Level: ☐ Hand-to-Hand ☐ Door-to-Door ☐ Curb-to-Curb
	Special Needs:	Can the Member sign the driver's log? ☐ Yes ☐ No
		Will signature status be permanent? ☐ Yes ☐ No
		Requested Provider's Name *(not guaranteed)*:

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 ☐ Substance Abuse ☐ Behavioral Health ☐ Therapeutic Day TX ☐ Day Support ☐ Supported Employment ☐ Dialysis	**Requesting Party:** Name:_____ Title:_____ Phone#: ( )_____ Fax#: ( )_____

NAME: _____**SIGNATURE:** _____ **DATE:** _____