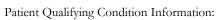
Care1st Health Plan SNF - **Gurney** Transportation Request form





	Member Information	Trans	portation Description
Member's Name:		Pick up date:	
Member's ID #:		Pick up time:	
Date of birth:		Appt Time:	
Facility Phone Number:		Return Time:	
Facility (SNF) Address:		Passengers:	☐ 1 ☐ 2 (SNF Escort) ☐ 2+
Requesting Provider & Phone #		Height:	
	Destination Information	Weight:	
Dr./Specialty/Type of Appointment:		Code Status/DNR Status:	
Facility Name:		Special Equipment:	
Facility Address:		Oxygen (yes/no):	☐ Yes ☐ No
Facility Phone number:			
		Person Completing Form:	
Medical Necessity Qualifying Criteria		Phone Number:	
Diagnosis (ICD Code)		Jant	Driver- please retrieve papers from nurse at facility to give to doctor upon arrival to appointment. After appointment please return updated papers to nurse at facility.
Soft restraints or Posey	6		must position)
Medical necessity must be met on all gurney transports Please fax completed form to: (619)219-3307			
Attention:		Number:	Rev 3-30-16