



B.I.MEDSERVE MEDICAL TRANSPORT VOUCHER

Check No :

Amount :

ALL BLANKS MUST BE ACCURATELY COMPLETED.

REQUESTING ORGANIZATION INFORMATION

Your Organization Name: _____ Today's Date/Time : _____ AM PM
 Your Name: _____ Title/Relationship : _____
 Your Fax Number: _____ Your Telephone Number : _____

CLIENT INFORMATION

Your Name: _____ Room Number : _____
 (Last) (First) Date of Birth : _____

TRIP INFORMATION

Origin	Destination
Address : _____	Address : _____
City : _____ State : _____ Zip : _____	City : _____ State : _____ Zip : _____
Location Name : _____	Location Name : _____
Location Telephone #: _____	Location Telephone #: _____
	Physician Name: _____
	Telephone #: _____

Schedule - please complete ONLY one section

<input type="checkbox"/> Single Trip	<input type="checkbox"/> Subscription Request
<input type="checkbox"/> One Way <input type="checkbox"/> Round Way Date of Appointment : _____ Time of Appointment : _____ Return Time (if Roundtrip) : _____ Trip Reason (Be Specific): _____ Total Miles: _____	Address : _____ City : _____ State : _____ Zip : _____ Location Name : _____ Location Telephone #: _____ Physician Name: _____ Telephone #: _____

Transport Mobility Needs - (Please select the medically most appropriate mode of transportation that will meet the client's needs)

<input type="checkbox"/> Ambulatory - Includes all modes of transportation from personal vehicle to public transportation and paratransit services	<input type="checkbox"/> Wheelchair - Includes standard and electric wheelchairs and three wheeled scooters	 <input type="checkbox"/> Non-Emergency Ambulance - please note support level required <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> Gurney <input type="checkbox"/> Oxygen/Supplies
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Agreement and Signature:

BIMEDSERVE will provide "NEMT" medical transport services to Facility as needed. Facility will provide accurate and complete information regarding the pick-up and drop-off times and locations, as well as any specific requirements or conditions related to the trip. Facility acknowledges its responsibility to cover the costs agreed upon for this service.

Signature or Requesting Person _____

PLEASE SIGN AND GIVE IT TO DRIVER

Date Signed _____