

WICOMICO COUNTY HEALTH DEPARTMENT CLIENT TRANSPORTATION REQUEST FORM

Wicomico County Medical Transportation
Phone Number: 667-977-1050 Fax Number: 410-219-2885

CLIENT INFORMATION:

LAST NAME:	FIRST NAME:
PARENT NAME (FOR MINORS):	PHONE #:

MODE OF TRANSPORT:

<input type="checkbox"/> CAB/SEDAN	<input type="checkbox"/> WHEELCHAIR, CAN TRANSFER	<input type="checkbox"/> WHEELCHAIR, CANNOT TRANSFER	<input type="checkbox"/> WALKER, NEEDS LIFT	<input type="checkbox"/> CANE, NEEDS LIFT
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TRANSPORTATION INFORMATION:

DATE OF TRANSPORT:	ARRIVAL TIME:	RETURN TIME:
TRIP PURPOSE:		
PICKUP ADDRESS:	CITY, STATE AND ZIP	
DESTINATION ADDRESS:	CITY, STATE AND ZIP	
TOTAL # OF PASSENGERS:	OTHER INFO OR NEEDS (CARSEAT, BOOSTER SEAT, ETC.)	
RETURN ADDRESS:	<input type="checkbox"/> SAME AS PICKUP <input type="checkbox"/> NONE <input type="checkbox"/> OTHER: _____	

****THE CLIENT IS TO CALL WATERS CAR SERVICE AT (443) 614-9829 THE DAY BEFORE TRANSPORT BETWEEN 8:00 AM & 12:00 PM FOR ESTIMATED PICK-UP TIME. ANY APPOINTMENTS NOT CONFIRMED BY 12 PM WILL BE CANCELLED BY THE VENDOR AND THE APPOINTMENT WILL NEED TO BE RESCHEDULED WITH PROVIDER.**

REQUEST INFORMATION:

DATE OF REQUEST:	PERSON AUTHORIZING TRANSPORT:
PCA #:	PROGRAM NAME:

****REQUESTER IS TO EMAIL FORM TO WATERS CAR SERVICE AT WATERSCARSERVICE@GMAIL.COM BY 12 NOON AT LEAST TWO BUSINESS DAYS PRIOR TO DATE OF TRANSPORT. A COPY SHOULD ALSO BE FAXED TO MEDICAL TRANSPORTATION AT (410) 219-2885 FOR BILLING PURPOSES.**

FOR TRANSPORTATION STAFF USE ONLY

MILEAGE:	AMOUNT:	INVOICE#:
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