



S O P H I E T R E T T E V I C K
INDIAN HEALTH CENTER
M A K A H T R I B E

Medical Transport and Patient Support Services Program Application

I am applying for (please check appropriate boxes):

- Medical Transport (I need a ride)
- Patient Support Services (I will drive myself)
- Meals Only (I am getting my fuel through Paratransit)
- Motel (I have to leave BEFORE 5:00 AM to get to my appointment on-time or I have a medical reason with documentation from my doctor that I have to stay over-night for this appointment)
- This is an Urgent or Emergent application

Patient Information			
Patient Name		Mailing Address	
Physical Address			
Date of Birth	Phone number	Referring Doctor	
Medical Insurance and ID Number		Emergency Contact Information:	
Monthly HOUSEHOLD Gross Income: \$		Age of Patient: (Under 18 must be accompanied by adult and over 65 automatically eligible for Patient Support Services)	
Appointment Information			
Appointment Date	Time	Is this a procedure or surgery YES NO	
Name of Doctor & Specialty		Doctor's Phone Number	
Address of Appointment		Zip Code	

If the patient is a minor, by signing below I state that I am authorized to, and hereby provide permission for the Medical Transport Program to transport said minor to this appointment on the date and time listed.

Client Assist Agreement		
I agree to ride with the patient and fully assist with patient care during the Medical Transport on this date.		
Signature: _____	Relationship to Patient: _____	Date: _____

Note for Medical Transports: By requesting this Medical Transport, I am affirming that I have no other means of transportation available for this appointment.

Patient/Guardian Signature: _____ Date: _____

DRIVERS MUST COMPLETE FOR PAYMENT

Type of Appt:	Date Verified:	Length of Appt:	Special Instructions From Dr:	Leave:	Return:
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Transport Report Information

GSA Vehicle used:	Vehicle inspected? Yes No	Please note any changes
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Apple Health (Billable)

Begin miles (home)	End miles (office)	Total miles	Begin miles (office)	End miles (home)	Total miles
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Non-Billable Clients

Begin mileage	End mileage	Total mileage
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Time Depart Neah Bay	Time Arrive @ Appt	Time Out of Appt	Depart Destination	Time Arrive Neah Bay
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Notes, please include any stops and time spent at each stop:

Driver Check-List (Must be complete prior to payment)

- Check with client after appointment for follow-up appointments and/or prescriptions filled
- Prescription(s) called in
- Medical Transport application(s) completed for new medical appointments
- Prescription(s) including medication, medical supplies, glasses, etc. picked up
- Prescriptions, glasses, etc. delivered to patient after transport
- Billing and receipts complete and submitted
- GSA fueled -Gas Gauge beginning of trip: ¼ ½ ¾ Full Gas Gauge end of trip: ¼ ½ ¾ Full
- Patient received Patient Support Services Meal Assistance Check
- Vehicle Clean -Beginning of Trip YES NO -End of Trip YES NO

Important Numbers

Medical Transport Line 645-3245

Glenda #645-3298 #640-0255	Valarie #645-3250 #640-2904	Vicki 645-3022 Denise 645-3341	Glen/Sandee 645-3245
Jill #645-2097/645-3245	STIHC 645-2233	Lynn Shuffelen 645-2212 or 877-552-0618	
STIHC Pharmacy 645-2561	STIHC Dental 645-2934	Recovery Services 645-2461	Wellness Center 645-2075
Jims Rx 360-452-4200	Safeway Rx 360-457-0599	Wal-Mart Rx 360-452-3105	Rite Aid 360-452-9784
Olympic Medical Center	360-417-7000	NOTES TO DRIVER:	
Forks Hospital	360-374-6271		
Children's Hospital	206-987-2000		
Harborview Hospital	206-731-3000		
Swedish Hospital	206-386-6000		
Virginia Mason Hosp.	206-583-6040		
UW Hospital	206-548-3300		

Important Applicant Information –Patient keep this page for reference

Non-Urgent/Emergent Requests may be denied if not received 2 working days in advance

Medical Transports

- We have limited driver and vehicle availability! Patients with non-urgent appointments may be asked to reschedule or find another ride to their appointment; fuel assistance will be offered.
- Multiple patients are scheduled in the same vehicle whenever possible
- Multiple Appointments? Complete a Medical Transport Program application for each appointment
- Phone applications are accepted for medically fragile patients only
- You are responsible to notify the doctor's office if you are cancelling this appointment
- Pick-up times may change; we will call you the day before to notify you of pick-up time
- Requests for a specific driver are not guaranteed
- Provide us with 24 hours advance notice if the appointment and/or transport are cancelled
- Bring your insurance cards to all medical appointments

Patient Support Services

- This is an Assistance Program. As such, monetary assistance provided will likely not cover all expenses incurred, but is meant to off-set expenses.
- In the event you are informed of an appointment with less than 2 days' notice, submit application immediately, however, you will need to pay for the expenses up-front and submit receipts incurred by travel to the appointment. We will reimburse no more than the amount you would have received according to actual receipts submitted); reimbursement will be made within 10 business days.
- Out of area medical appointments must have been referred by a STIHC Medical Provider to be eligible.
- Patients with Apple Health must apply for assistance with fuel, ferry, parking, and motel through the Paratransit Program and are not eligible for assistance through this program for services provided by Paratransit. The Transport Coordinator can help you apply to the Paratransit Program.
- Patients with Apple Health may apply for assistance with meals (for patient only).
- If you apply to the Paratransit Program and are denied for their services, let us know and we will see if you qualify for assistance through this Program; you must first apply to Paratransit to be considered. If less than 2 business days' notice to this Program of Paratransit denial, patient may need to pay expenses up-front and be reimbursed per policy guidelines.
- The Patient Support Services Program is an Income Based Program. Depending on your income, you may be eligible for full or partial assistance. You may be asked to provide proof of household income; household income is defined by people who reside with you and share financial resources. The Program reserves the right to verify household income and stated # of household members; if the information submitted is found to be misstated, the patient may be suspended from the Program according to Program Policy.
- Patients over 65 years of age are automatically eligible for assistance through this Program.
- Patients experiencing Medical Emergencies (referred by STIHC only) are automatically eligible for this Program (income guideline requirements not applicable).
- Generally, assistance check may be picked up between 4:45 PM and 5:00 PM the day before, or on the day of your appointment (providing it was turned in 2 business days in advance).
- Assistance monies may be used as needed toward meals, fuel, ferry, parking, tolls; you do not need to submit receipts for this type of assistance.
- If the appointment is cancelled for any reason, return the Assistance Check promptly to the Program.
- If you do not go to your appointment, but cash the Assistance Check, you are required to reimburse the Program for the full amount of assistance received.
- I agree that I will not accept duplicate assistance (ie. fuel from both Paratransit and this Program, or meal money for patient from MTC Social Services and this Program, etc.).
- If you apply for assistance with motels, you must return your receipt verifying funds provided were used for that purpose.
- If you are denied assistance through this Program, you have the right to request an appeal according to the Patient Support Services Program Policy. Decisions made according to the Appeal Process will be considered final.
- If you fail to comply with Program Policies and Procedures, you will be required to repay assistance monies received or be suspended from the Program.

Motel

- If you receive financial assistance toward a motel, you must return a receipt to this program as proof that the motel funds were utilized for that purpose. We do not cover the entire cost of a motel or book the motel for the Patient Support Services Program applicants.

Do you have questions? Call the Transport Coordinator at # (360) 645-3245