



Medical Transport and Patient Support Services Program Application

I am applying for (please check appropriate boxes):

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| <input type="checkbox"/> Medical Transport (I need a ride) | <input type="checkbox"/> Patient Support Services (I will drive myself) |
| <input type="checkbox"/> Meals Only (getting fuel through Paratransit) | <input type="checkbox"/> (per STIHC Urgent or Emergent application) |
| <input type="checkbox"/> 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) | |

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

Patient Information (patient to fill out)			
Patient Name		Mailing Address P.O. Box	
Physical Address		Neah Bay, WA 98357	
Date of Birth	Phone number	Referring Doctor	
Medical Insurance and ID Number		Emergency Contact Information:	
Monthly HOUSEHOLD Gross Income: \$ _____ # in Household _____ (Household defined as people listed on tax returns) provide proof of income every 6 months.		Age of Patient: _____ • Under 18 must be accompanied by adult • 65+ automatically eligible for Patient Support Services	
Appointment Information (patient to fill out)			
Appointment Date	Time	Is this a procedure or surgery YES NO	
Name of Doctor & Specialty		Doctor's Phone Number	
Address of Appointment			Zip Code

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.

PSS assistance: By signing this application, I understand the policies for PSS & PRC.

Patient Signature: _____ Date: _____

OFFICE/DRIVER USE ONLY

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, etc.):

Pharmacy:
 Appt Wait Time > 1 hour:
 # of patients:
 Other delays:
 Cancellation: YES

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

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

Important Numbers

Medical Transport Line 645-3245 Do not share personal phone numbers

Valarie # 645-2075	Sherry 645-3245		
Sandy (shuttle) 640-1396	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		