Southeastrans Nursing Home Transportation Request Form

SOUTHEASTRANS
DRIVING THE FUTURE OF TRANSPORTATION MANAGEMENT

Direct any questions to Southeastrans Toll Free at (404) 209-4000 or 1-866-388-9844 and press option 4 for the first available agent. Email completed form to Standingorder@southeastrans.com or E-fax form to (404) 420-2954.

NOTE: Appointments MUST be submitted within a minimum of 3 business days of the appointment date. Please do not send requests for appointments more than 30 days out.

Facility Name			Contact Person (Nurse or Social Worker Only)			
Street Address			Telephone Number ( )		Fax Number ( )	
City	County		State		Zip Code	
Appointment Date **(Month, Day and Year)** / /			Appointment Time ☐ AM ☐ PM		Return Pickup Time ☐ AM ☐ PM	
Please Circle the Day of the Week of Appointment	Mon	Tue	Wed	Thu	Fri	Sat
Member's (Patient's) Name			Medicaid Number **(12 Digits)**			
Member's (Patient's) Date of Birth			**Confirmation Number (For Internal Use Only)**			
Destination Facility's Name			Member's (Patient's) Gender ☐ Female ☐ Male			
Destination Facility's Street Address			Doctor's Name/Department/Floor/Suite Number **(Important)**			
City	County		Destination Phone Number **(Required)** ( )			
State Georgia	Zip Code	Floor or Wing	Room Number		Bed Number	
Mode of Transportation	☐ Ambulatory	☐ Wheelchair	☐ Electric Wheelchair		☐ Stretcher	
Escort Required ☐ No ☐ Yes	Traveling Information ☐ Riding w ith Patient ☐ Meeting at Medical Facility		If WC width is over 18", provide patient weight and width of WC		If Stretcher, please provide patient weight	
Escort's Name:			Escort's Relationship to Patient ☐ Nursing Home Employee ☐ Family ☐ Other		Can the Patient Ride Public Transportation ☐ Yes ☐ No	
Escort Cell Nmber Required:	( )					

Please contact your Special Service Representative if you have not received a confirmation number within 24 hours of appointment. Make copies of this form. Whenever you need to make an appointment, it is important that you fully complete this form or we may not be able to schedule the appointment.

Under contract with the Georgia Department of Community Health, Southeastrans, Inc. is the Georgia Medicaid Non-Emergency Transportation Broker for the Atlanta Region. The purpose of this form is to gather information to insure the services being provided to the Medicaid Members of Georgia are within the guidelines established by both Federal and State Medicaid Agencies. **STATEMENTS ON THIS DOCUMENT ARE MADE UNDER THE PENALTY OF STATE AND FEDERAL MEDICAID FRAUD GUIDELINES.** Southeastrans reserves the right to verify the information provided on this form by site visits, patient and employee interviews and other methods. Any discrepancies found will be reported to the appropriate State and Federal Medicaid Fraud Control Units.