

Standing Order Request Form

Member Information	First Name	Last Name	Date of Birth	Health First Colorado ID #
	Phone Number		Email	
Order Purpose	Reason for standing order <input type="checkbox"/> Dialysis <input type="checkbox"/> Chemo <input type="checkbox"/> Radiation <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____			
Pickup Information	Street Address			
	City / State / Zip Code			
	Pickup Notes (i.e. Gate Code, "Go to side", etc.)			
	Contact Phone	Will you be accompanied by an escort or personal care attendant?		
Dropoff Information	Facility Name			
	Facility Address (Street / City / State / Zip Code)			
	Medical Provider's Name			
	Do you have access to a working vehicle?*	Name of Preferred Transportation Provider**		
<input type="radio"/> Yes <input type="radio"/> No				
Schedule Information	Appointment Start Time:	Appointment End Time:	Start Date:	End Date, if any:
				<input type="checkbox"/> None
Appointment Days: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat				
Medical Provider Agreement & Signature	I understand that if I have given false information or intentionally failed to disclose information, I may be subject to prosecution, criminal, civil, or both. I certify under penalty of perjury, that I have obtained the information on the form from the patient or their representative, and the information provided is accurate to the best of my knowledge.			
	Medical Provider Printed Name		Title or NPI	
	Signature		Date	
For IntelliRide Use	Reservation Status <input type="radio"/> Approved <input type="radio"/> Denied		Staff Initials	Received
Entered				

***If yes, you may qualify for mileage reimbursement**

**** Assignment of trips to a preferred transportation provider is not guaranteed**

Please send completed form to: Fax (720) 302.0106 | Email: us.coclinicalcoordinator@transdev.com