



MO HealthNet Division Standing Order Form for Regularly Scheduled Appointments

Participant's Name: MO Healthnet # Date of Birth:

Appointment Days: () Sunday () Monday () Tuesday () Wednesday () Thursday () Friday () Saturday

Start Date:

Level of service: () Ambulatory () Wheelchair () Stretcher () Gas Reimbursement Will an escort accompany? Yes / No

Wheelchair Details: () Able to Transfer () Needs Lift () Manual () Electric Height Weight () Oversized Wheelchair

Special Accommodations:

Requested by: Relation: Phone:

Facility MO HealthNet number:

Pick Up Information

From: Street Address: Apt: Room # Bed#

City: State: Zip Code: Phone # () -

Directions:

Appt Time: AM / PM Pick Up Time: AM / PM

Drop Off Information

Drop-off at (Facility name):

Street Address: Bld: Apt:

City: State: Zip Code: Phone # () -

Physicians Name:

Directions: Return Pick-Up Time: AM / PM

Please check if trip is a one way trip () or two way or round trip ()

Gas Reimbursement Driver: Social Security #

Street Address: City: State: Zip Code:

I, the certified professional named above, acknowledge that I realize that transportation should only be provided to treatments which MO HealthNet pays for and hereby declare, under potential penalty of MO HealthNet fraud, that to the best of my knowledge and belief the above-entered information is accurate.

Certified professional's signature Date:

For LCI use only:

Recertified or terminated on by and reason for recertifying/terminating the standing order

Please fax this form to the LogistiCare Facility Department at 1-866-269-8875