



Phone - 509-248-2004 Toll Free 877-512-6996 Fax - 877-992-8339

Authorization for Personal Mobility Aid Transportation Services

Transportation Date: ___/___/___
Client Name: _____ DOB _____
Pick up Address: _____ City: _____
Drop off Address: _____ City: _____

Special Considerations:

Does the client need a Bariatric Board? Y ___ N ___

* Please note, due to weight restrictions please indicate weight _____.

** Please note, If the client is going for an appointment a family member or care attendant must accompany the client.

HEALTHCARE PROFESSIONAL/PHYSICIAN'S CERTIFICATION STATEMENT

The undersigned certifies the following; his/her Physician has evaluated and is familiar with the individual's condition, considers it safe for the individual to transfer to a personal mobility aid, medical care or monitoring is not required during transport, the individual is not experiencing an acute condition or worsening of a chronic condition the individual is capable of self or personal attendants care, and has determined that the individual's condition merits a lying down position and transportation is appropriate by Medstar Transportation.

Health Professional Signature _____ Date _____

Health Professional (Print Name) _____

INDIVIDUAL'S CERTIFICATION STATEMENT

The undersigned certifies the following; this service is requested for the purpose of conducting daily living activities or to attend a pre-scheduled medical appointment, ambulance services are not preferred, the individual or their representative, own(s)/leases(s)) the personal mobility aid used during transport. The undersigned accept financial responsibility for transportation and associated services.

Individual or representative Signature _____ Date _____

Individual or Representative (Print Name) _____

****For official MEDSTAR TRANSPORTATION use only****

Payment Type _____ Payment is in QB's Yes ___ No ___

A Bariatric Board is required? Yes ___ No ___ Client meets weight restrictions? Yes ___ No ___

Operator #1 _____ Operator #2 _____

For appointments, a PCA or an attendant has been secured? Yes ___ No ___

Trip was confirmed the day before? Yes ___ No ___ Info sent to Lead Operator? Yes ___ No ___