



Non-Emergent Transportation – Wheelchair/Cab Transport Request Form

Patient Name: _____

ID#: _____ DOB: _____

*Patient Address _____ Phone # _____

***Please confirm current address and phone number with member to ensure transportation is dispatched to correct location and contact can be made if necessary.**

Bus Transportation should be the primary mode of transport to serve the medical needs of the majority of patients. Cab transportation will be authorized only for members with a documented medical condition that precludes the member’s ability to use public transportation. Transportation requests can be processed 8:00 a.m. – 5:00 p.m. (Eastern Time) by faxing this form and clinical documentation to Provider Services (585) 327-5759. For emergency taxi requests, please call Option Member Services at (585) 327-2470.

Does patient’s condition preclude them from using bus transportation?

YES ___ NO ___

Request for: CAB WHEELCHAIR MOBILE

Patient Diagnosis: _____

ICD-9 Code(s): _____

Recent (within three months) clinical documentation must accompany all requests for medical taxi and / or wheelchair mobile.

Requests must be received no later than 72 hours in advance of scheduled appointments.

Estimated duration of need for cab service:
1 month ___ 2 Months ___ 3 Months ___

WOULD THIS MEMBER BENEFIT FROM CASE MANAGEMENT SERVICES?

YES ___ NO ___

Referring Physician’s Name (please print) _____

Referring Physician’s Signature _____

Referring Physician Phone # _____