



REQUEST TO SCHEDULE TRANSPORT

CUSTOMER NAME: _____

CUSTOMER WEIGHT: _____ CUSTOMER BIRTHDATE: _____ CUSTOMER SOCIAL SECURITY #: _____

TODAYS DATE: _____ DATE OF SERVICE: _____ ONE-WAY OR ROUND TRIP (CIRCLE ONE)

PICK-UP LOCATION ADDRESS, INCLUDING ROOM # / APT #: _____

MODE OF TRANSPORTATION (PLEASE CHECK ONE): WHEELCHAIR STRETCHER

IF BY WHEELCHAIR, DOES CUSTOMER HAVE THEIR OWN OR DO THEY NEED OURS? PLEASE CHECK ONE:

CUSTOMER OWN WHEELCHAIR STANDARD _____ MCG STANDARD WHEELCHAIR _____

CUSTOMER OWN OVERSIZED WHEELCHAIR _____ MCG OVERSIZED WHEELCHAIR _____

CUSTOMER OWN ELECTRIC WHEELCHAIR _____ CUSTOMER CAN WALK AND IS NOT GOING BY WHEELCHAIR _____

ANY SPECIAL EQUIPMENT OR RIDERS GOING WITH CUSTOMER: _____

COMPLETE ADDRESS OF DROP-OFF LOCATION, INCLUDING SUITE#: _____

IF MEDICAL APPOINTMENT, DR'S NAME: _____

DR'S PHONE#: _____

APPOINTMENT TIME: _____ # OF STEPS AT DROP OFF LOCATION: _____

NAME OF PERSON PAYING FOR TRANSPORT & PHONE#: _____

- Wheelchair \$65.00 each way, including first 15 miles. \$1.00 per mile thereafter.
- BLS stretcher \$250.00 each way, including first 15 miles. \$5.00 per mile thereafter.
- ALS stretcher \$500.00 each way, including first 15 miles. \$5.00 per mile thereafter.

CREDIT CARD INFO: _____  _____  _____  CREDIT CARD #: _____
EXPIRATION DATE: _____ 3 DIGIT CV CODE (ON BACK OF CARD): _____

***48 HOUR ADVANCE NOTICE IS REQUIRED, AND ALL FIELDS
MUST BE COMPLETED TO SET-UP PROPER TRANSPORT***

SCAN or EMAIL TO: transport@mobilecaregroup.com (confirmation# will be sent back via email)
or FAX TO: 419-882-5208