LogistiCare Solutions
3280 N Cimarron Dr.
Suite 107
Las Vegas, NV 89129

OR STANDING ORDER FORM

FAX # (855) 882-5627
PHONE # 1-844-287-6698

Member's Name:	Insurance Type:	
Member's Insurance ID#	Gender: Female / Male	DOB: / /

APPOINTMENT INFORMATION

Appointment Days	Appt. Time: 0 AM 0 PM Return Time: 0 AM 0 PM	**Level of Service:** 0 Ambulatory 0 Wheelchair 0 Mass Transit 0 Stretcher 0 Mileage Reimbursement 0 Secure Transport If Stretcher provide precautions:_
0 Monday 0 Tuesday 0 Wednesday 0 Thursday 0 Friday 0 Saturday 0 Sunday	Start Date: _/ _/ End date: _/_ / Special Needs:	Height: Weight: Ongoing 0 Can the member sign the driver's log? 0 Yes 0 No Will signature status be permanent? 0 Yes 0 No **Physician's Signature:**

PICK-UP INFORMATION

Facility/Complex Name:	Phone #
Address:	City, State, Zip

DROP-OFF INFORMATION

Facility/Complex Name:	Phone #
Address:	City, State, Zip

Treatment Type:
- ❍ Dialysis
- ❍ Substance Abuse
- ❍ Mental Health
- ❍ Adult Day Care

0 Other_____

Ordering Party:
Name: _____
Title:_____
Phone#: ( )_____
Fax#: ( )_____

NAME: **SIGNATURE:** **DATE:** _____