

Fax to:
Non-Emergency Medical
Transportation Services
Human Services
Council
(360) 694-1446

Human Services Council
Medical Transportation
The Human Services Council is a DSHS HIPAA Associate
FACILITY RIDE REQUEST

HSC use only
 Trip Scheduled
Staff initials: _____
Date: _____

****Fax Must be Received At least 2 Business Days Before Appointment****

Date of Request: _____
Requester's Name: _____ Requester's Phone #: _____
Facility Name: _____ Requester's Fax #: _____
Client Name: _____ Client DOB: _____
Client Provider One ID #: _____
Pickup Address: _____ Apt./Space #: _____
City: _____ Zip: _____ Client's Phone#: _____
Appt. Date: _____ Appt. Time: _____ Return Time (if known): _____
Clinic Name: _____
Doctor Name: _____ Phone: _____
Clinic Address: _____ Suite#: _____
City: _____ State: _____ Zip Code: _____
Medical Reason for Appointment: _____

(This is the minimal information needed to document that the service is covered - "Check-up", "Eval", "Follow-up" are too vague)

Days (if routine): S M T W Th F Sat

Round Trip One-Way

Mobility Status (Required)
Ambulatory Cane Walker
Other: _____
Wheelchair: Reg Electric
Wide Inches (rim to rim) _____
Hi-Back Other: _____

Attendant: Yes No

Comments & Special Instructions

Vendor: _____ Phone#: _____ Approx Pick-Up Time: _____

* Check out our **TRIP CHECKER** at www.hsc-wa.org to view your scheduled trips. *

****If less than two business days' notice, please call ride requests in to: 360-694-9997(Clark County) or 1-800-752-9422 (Outside Clark County). If you need an Out of Area trip (Seattle, Olympia, etc.) please call, do not send request via fax. Medical Transportation cannot be held responsible for faxes not received due to mechanical failure, or circumstances beyond our control. We make every attempt to fax each form back to your facility with the ride information but your receipt of this information cannot be guaranteed. Please feel free to contact us if you have any questions about a trip request.**

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