State of Oregon
Department of Human Services
Division of Medical Assistance Programs

Today's Date ______________

Medical Transportation Eligibility Screening and Medical Transportation Order

Route, Mail or Fax to: Prov Name ______________________ Prov # ________________

Fax # __________________________

Client Name __________________________ DOB ________ Phone ______________
Last First

Person Submitting Request__________________________ Phone ______________

Prime ID # [| | | | | | |] Prg _____ Wkr ID ______ ❑ Check box if client has no other transportation available for this appointment

Trip Info: ❑ 1 Way ❑ Round Trip ❑ 3 Way ❑ Ongoing ❑ Change to Ongoing

Mode: ❑ Taxi ❑ WC ❑ SC ❑ Ambulance ❑ SC by Ambulance *❑ Other

Pick Up Address ________________________ Apt # ______ City ______________

Destination ____________________ Address ______________________________

2nd Destination ________________ Address ______________________________

Appt Date ________ Pick-up Time________ Appt Time ________ Return Time _______

Begin Date__________ End Date _________

Circle days of week

Sun Mon Tues Wed Thurs Fri Sat

Ambulatory

Check all that apply

- ❑ Needs assistance from home to vehicle to inside office/clinic
- ❑ Can walk up to 1/4 mile and board bus/ MAX
- ❑ With cane
- ❑ With walker

Wheelchair

Check all that apply

- ❑ Can travel to curb or up to 1/4 mile unassisted and board lift or other vehicle

Wheelchair ❑ Has ❑ Needs
the following:

Hi-Top Manual Power Reclining Stretch Chair
(circle)

Wheelchair Transferable. Circle if:

By Self With Minimal Assist

Other

Check all that apply

- ❑ Requires treatment/monitoring enroute
- ❑ Has oxygen
- ❑ Has attendant
- ❑ Other Special Instructions______________

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Branch Info

$ Authorized (if special or secured transport) $ _______

Branch ID______________________________

Worker ID ______________________________

Worker Phone ___________________________

Provider: Retain in Documentation File Branch: Retain in Branch Record

DMAP 406 (05/07)

*Detailed information must be attached for all secured transports