

<b>LEVEL OF SERVICE REQUIRED</b>		Date of Request:    /    /
<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Wheelchair	

## TRANSPORTATION REQUEST

Date of Transportation	Pick up Time	Appt Time	Return Time (if known)
------------------------	--------------	-----------	------------------------

Client Name	DOB
-------------	-----

Care Act ID	Client Contact Phone #	Alternate Client Contact Phone #
-------------	------------------------	----------------------------------

Pick up Location NAME	Destination/DOCTOR BEING SEEN
-----------------------	-------------------------------

Address	<input type="checkbox"/> Martinez Clinic <input type="checkbox"/> West CC Clinic <input type="checkbox"/> Pittsburg Clinic <input type="checkbox"/> Brentwood Clinic
---------	---

Apt/Rm	Other Information	Address	
--------	-------------------	---------	--

City	Phone #	Room/Dept/Suite	City
------	---------	-----------------	------

Appointment Type	<input type="checkbox"/> Medical <input type="checkbox"/> Support <input type="checkbox"/> Other
------------------	--

Other Information for Driver

Person Ordering Transport	Medical Case Manager Phone #
---------------------------	------------------------------

<input type="checkbox"/> Medical Case Mgr <input type="checkbox"/> Therapist <input type="checkbox"/> Outreach/Care Coord <input type="checkbox"/> Other	E-Mail address for Confirmation
---	---------------------------------

If request is Urgent with <1 business day notice, please fax form and call (925) 833-7777 to confirm availability

### UPON COMPLETION PLEASE FAX TO: **(925) 355-1351**

This Fax Server is secure and HIPAA compliant

#### TRANSPORTATION COMPANY USE ONLY

Date Processed	E-Mail Confirmation	Cabulance Run #	Dispatcher	ARIES Entry by
----------------	---------------------	-----------------	------------	----------------

This facsimile communication & any attachments may contain confidential, privileged, and or protected information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error & that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited BY FEDERAL LAW. If you have received this communication in error, please notify the sender immediately & destroy all copies of this communication & any attachments.

# TRANSPORTATION REQUEST PROCEDURES

1. The Positive Health Clinic appointments have scheduling priority

<b>Martinez Clinic</b>	<b>West County Clinic</b>	<b>Pittsburg Clinic</b>	<b>Brentwood Clinic</b>
2500 Alhambra Av Martinez <b>Mon 8a-12p</b> <b>Thu 1p-5p</b>	13601 San Pablo Av San Pablo <b>Mon 8a-12p</b> <b>Tue 1p-8p</b>	2311 Loveridge Rd Pittsburg <b>Wed 8a-12p</b>	171 Sand Creek Rd Brentwood <b>Thu 1p-4p</b>

2. Transportation may be requested for other appointments but will be prioritized in the following order:

- 1st - Positive Health Clinic Appointments
- 2nd - Other Medical Appointments
- 3rd - Social Service Appointments
- 4th - Pharmacy Pick-Ups

3. Clients MUST be referred by a Medical Case Manager. Referrals should be faxed to (925)355-1351. This form must be accompanied by the ARIES Identifier Page, and must include the referring provider's phone and email.

4. This form must be completed EACH TIME transportation is required. These must be made through a Medical Case Manager, Therapist, Outreach Worker, or other system of care provider.

5. Transportation should be requested a minimum of 2 business days in advance. If there is an urgent need appointment the Medical Case Manager should call Cabulance directly at (925) 833-7777 to confirm availability.

6. Cabulance will email back confirmation by the end of the day on the business day requests are received.

7. Cabulance will call the client, at the number(s) provided, the evening before to confirm/remind the client. If the client is not reached the driver will still arrive at the scheduled time. Providers should inform the clients of this practice and encourage them to communicate with the driver.

8. Clients should be ready at least 30 minutes prior to the scheduled pick-up time. The driver will wait 10 minutes after the scheduled pick-up time and then must leave to continue their schedule. There is a charge for No Shows so clients are encouraged to be ready to go.

9. For return trips, the driver will give the client a business card with the Cabulance Dispatch Center Phone number to call when ready to return home (925) 833-7777. The client may NOT be picked up by the same driver.

10. ALL Cabulance Comfort vehicles are clearly marked, and we do NOT operate any UN-marked vehicles.

11. There is always an ON DUTY SUPERVISOR who can be reached at (925) 833-7777 for any concerns.

12. For health/allergy reasons only certified assistance animals are permitted in vehicles.

## **WHEEL CHAIR TRANSPORTS**

- Drivers are unable to navigate any steps, there must be ramps at pick-up and drop off locations
- Wheel chairs with a wheelbase wider than 32" can not be accommodated
- Clients may NOT be transported riding on any scooter (*California Vehicle Code Requirement*)
- Please notify us of any unusual sized and/or electric wheelchairs