

Care1st Health Plan SNF - Gurney Transportation Request form

Patient Qualifying Condition Information:



Member Information

Member's Name:	
Member's ID #:	
Date of birth:	
Facility Phone Number:	
Facility (SNF) Address:	
Requesting Provider & Phone #	

Destination Information

Dr./Specialty/Type of Appointment:	
Facility Name:	
Facility Address:	
Facility Phone number:	

Transportation Description

Pick up date:	
Pick up time:	
Appt Time:	
Return Time:	
Passengers:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 (SNF Escort) <input type="checkbox"/> 2+
Height:	
Weight:	
Code Status/DNR Status:	
Special Equipment:	
Oxygen (yes/no):	<input type="checkbox"/> Yes <input type="checkbox"/> No

Person Completing Form:	
Phone Number:	

Medical Necessity Qualifying Criteria

- Diagnosis (ICD Code) _____
- Destination has no wheelchair access and more than 4 stairs
- Disoriented, requires assistance/supervision and does not have own attendant
- Unsafe standing, pivoting or ambulating
- Must lie down or be semi reclining
- Head needs elevation and cannot sit
- Clamped N tube, g-tube, heparin lock, catheters, clamped indwelling vascular lines
- Soft restraints or Posey Vest (not 5150 or 4 point) and/or special positioning of extremities (facility staff must position)
- Partial paralysis or semi conscious* (no risk of aspiration)

Driver- please retrieve papers from nurse at facility to give to doctor upon arrival to appointment. After appointment please return updated papers to nurse at facility.

Medical necessity must be met on all gurney transports

Please fax completed form to: (619)219-3307

Attention:		Number:	
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