

Southeastrans Nursing Home Transportation Request Form



Direct any questions to Southeastrans Toll Free at (404) 209-4000 or 1-866-388-9844 and press option 4 for the first available agent. Fax completed form to Southeastrans at (678) 510-1345 or (678)510-1344.

NOTE: Appointments MUST be submitted within a minimum of 3 business days of the appointment date. Please do not send requests for appointments more than 30 days out.

Nursing Home Name			Contact Person (Nurse or Social Worker Only)			
Nursing Home Street Address			Telephone Number ()		Fax Number ()	
City		County		State		Zip Code
Appointment Date (Month, Day and Year) / /			Appointment Time <input type="checkbox"/> AM <input type="checkbox"/> PM		Return Pickup Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
Please Circle the Day of the Week of Appointment		Mon	Tue	Wed	Thu	Fri Sat
Member's (Patient's) Name			Medicaid Number (12 Digits)			
Member's (Patient's) Date of Birth			Confirmation Number (For Internal Use Only)			
Destination Facility's Name			Member's (Patient's) Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			
Destination Facility's Street Address			Doctor's Name/Department/Floor/Suite Number (Important)			
City		County		Destination Phone Number (Required) ()		
State Georgia	Zip Code	Floor or Wing		Room Number		Bed Number
Mode of Transportation	<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Wheelchair		<input type="checkbox"/> Electric Wheelchair		<input type="checkbox"/> Stretcher
Escort Required <input type="checkbox"/> No <input type="checkbox"/> Yes	Traveling Information <input type="checkbox"/> Riding with Member <input type="checkbox"/> Meeting at Medical Facility			If WC width is over 18", provide patient weight and width of WC		If Stretcher, please provide patient weight
				Escort's Relationship to Patient <input type="checkbox"/> Nursing Home Employee <input type="checkbox"/> Family <input type="checkbox"/> Other		Can the Patient Ride Public Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No
Escort's Name:						
Escort Cell Number Required:		()				

Please contact your Special Service Representative if you have not received a confirmation number within 24 hours of appointment. Make copies of this form. Whenever you need to make an appointment, it is important that you fully complete this form or we may not be able to schedule the appointment.