NJ Operations
P.O. Box 11647
New Brunswick, NJ 08906

# STANDING ORDER REQUEST FORM

**FAX # 877-457-3316**
**PHONE # 866-527-9945**

| Member's Name: | Parent or Guardian: | Gender: Female / Male |
|---|---|---|
| Medicaid ID #: | ☐ New Order ☐ Update Existing Order | DOB: ____/____/____ |

## APPOINTMENT INFORMATION

| **Appointment Days** | Appt. Time: _____ ☐ AM ☐ PM | **Level of Service:** ☐ Ambulatory ☐ Wheelchair/MAV ☐ MASS TRANSIT ☐ Ambulatory/MAV ☐ BLS (stretcher) ☐ SCT |
|---|---|---|
| ☐ Monday<br>☐ Tuesday<br>☐ Wednesday<br>☐ Thursday<br>☐ Friday<br>☐ Saturday<br>☐ Sunday | Return Time: _____ ☐ AM ☐ PM | * **Wheelchair** - ☐ Manual ☐ Electric or ☐ Scooter |
| | Start Date:____/_____/_____ | Weight:_____ Height:_____ Stairs(#):____ |
| | End date:____/_____/_____ | Ramp: ☐ Yes ☐ No Elevator: ☐ Yes ☐ No |
| | Special Needs: | ☐ Ongoing ☐ One Way ☐ Round Trip |
| | | Can the Member sign the driver's log? ☐ Yes ☐ No |
| | ☐ Minor Child | Reason for treatment: |

## PICK-UP INFORMATION

| P/U Facility Name/Residence: | Phone #: |
|---|---|
| Address/Apt #: | City, State Zip: |

## DROP-OFF INFORMATION

| Facility Name: | Phone #: |
|---|---|
| Address/Suite/Bldg. #: | City, State Zip: |

| **Treatment Type:** | | **Holiday Closings:** | | | |
|---|---|---|---|---|---|
| ☐ Substance Abuse | ☐ Dialysis | **New Year's Day:** | ☐Open | ☐Closed | ☐Schedule Change |
| ☐ Mental Health | ☐ Chemo Therapy | **Memorial Day:** | ☐Open | ☐Closed | ☐Schedule Change |
| ☐ Wound Care | ☐ Radiation | **July 4th :** | ☐Open | ☐Closed | ☐Schedule Change |
| ☐ Physical Therapy | ☐ Other _____ | **Labor Day:** | ☐Open | ☐Closed | ☐Schedule Change |
| | | **Thanksgiving:** | ☐Open | ☐Closed | ☐Schedule Change |
| | | **Christmas Day:** | ☐Open | ☐Closed | ☐Schedule Change |
| | | **Other:**_____ | ☐Open | ☐Closed | ☐Schedule Change |

**NAME (Print):** _____**SIGNATURE:** _____ **DATE:** _____

**Title** _____ **Phone #** _____ **Fax #** _____

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