MI Operations
26877 Northwestern Hwy Ste 211
Southfield, MI 48033

STANDING ORDER FORM

At least three days per week, minimum 60 (sixty) days

FAX # 866-569-1910

Phone # 866-569-1908

DEPT. EMAIL: MIExceptions@modivcare.com

Member's Name:	Insurance Type:	☐ New ☐ Update Existing
Member's Insurance ID#:	DOB: _____/_____/_____	Gender: Female / Male

APPOINTMENT INFORMATION

Appointment Days	**Appt. Time:** ☐ AM ☐ PM	Start Date: / /
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday	**Return Time:** ☐ AM ☐ PM	End date: / / ☐ Ongoing
	Level of Service: ☐ Ambulatory ☐ Medivan ☐ Wheelchair ☐ Stretcher ☐ Mass Transit ☐ Gas Reimbursement	Height: Weight: Stairs (# of steps) Ramp at home: ☐ Yes ☐ No Special Needs:
	Can the Member sign the driver's log? ☐ Yes ☐ No	Will signature status be permanent? ☐ Yes ☐ No

Please add any Pick-up instructions for the driver: _____

PICK-UP INFORMATION

Facility/Complex Name:	Phone #:
Address:	City, State Zip:

DROP-OFF INFORMATION

Facility/Complex Name:	Phone #:
Address:	City, State Zip:

Treatment Type: ❒ Dialysis ❒ Mental Health ❒ Rehab ❒ Substance Abuse ❒ Other	**Ordering Party:** Name: _____ Title: _____ Phone#: ( ) _____ Fax#: ( ) _____

PRINT FULL NAME: _____

SIGNATURE: _____ **DATE:** _____

***This form must be completed by the facility's professional staff working under the supervision of the licensed Provider overseeing the patients' treatment. Including, Social Worker, Administration Assistant, Clinical Nurse Specialist, Certified Nurse Midwife, registered Nurse, and other licensed providers. The licensed Provider must be knowledgeable of the patients' appointment schedule and transportation needs. And the staff must be capable of accurately completing the form.**

****By submitting this form, I agree to cooperate with Modivcare's fraud, waste and abuse mitigation efforts and will provide attendance verification reports and re-certifications of standing orders as reasonably requested.**