TLC TRANSIT

Non-Emergency Medical and Non-Medical Transportation

REQUEST TO SCHEDULE TRANSPORT

PASSENGER INFO:

Passenger Name: _____ (First) _____ (M.I.) _____ (Last)

NEW PASSENGER INFO:

Payor Source: _____

DOB: _____ MED# or SSN: _____

Mobility: Ambulatory Wheelchair Standard or Bariatric/XL

Primary Phone #: _____ Secondary Phone #: _____

Reminders (cirlce one): Calls or Texts Number of Escorts: _____

Passenger Height: _____ Passenger Weight: _____

Emergency Contact: _____ Primary Phone #: _____

Pickup/Home Addres: _____

Special Directions/Notes: _____

RESERVATION INFO:

Date of Service: _____ Dropoff (Appt) Time: _____

Dropoff Address: _____

Bldg, Ste, Doctor, etc.: _____

Dropoff Phone: _____ Return Time/Will Call: _____

Speical Directions/Notes: _____

Scheduled by: _____ Today's Date: _____

If the passenger has Ohio Medicaid:

- "Straight Medicaid" (no Managed Care), must have a Certificate of Necessity in place prior to their first transport
- Buckeye, Molina, Paramount Advantage can be scheduled directly with us
- All other Managed Care plans must be scheduled through the Managed Care

If the passenger is Privately Paying out-of-pocket:

- Credit Card payments must be called in to our office, prior to the day of transportation
- Cash or Check payments can be given to the driver at the pickup location

If the passenger is in a Transport Chair, they can ride the lift in the chair, but then must transfer to a seat.

48-Hour Notice is Required for Schedule Requests
Next-Day Requests Must be Called in to the Office Directly 419-861-4000
PLEASE SCAN or EMAIL TO info@TLCtransit.com -or- FAX TO 419-861-4001

****PICKUP TIMES ARE ONLY CONFIRMED VIA EMAIL REQUESTS****

Revised: 03/03/2020 - mdr