



Non-Emergency Medical and Non-Medical Transportation
REQUEST TO SCHEDULE TRANSPORT

CUSTOMER NAME: _____

CUSTOMER WEIGHT: _____ CUSTOMER BIRTHDATE: _____ CUSTOMER SS# _____

TODAY'S DATE: _____ DATE OF SERVICE: _____ ONE-WAY OR ROUND TRIP (CIRCLE ONE)

PICK-UP LOCATION ADDRESS, INCLUDING ROOM # / APT #: _____

MODE OF TRANSPORTATION (PLEASE CIRCLE ONE): AMBULATORY WHEELCHAIR

IF BY WHEELCHAIR, DOES CUSTOMER HAVE THEIR OWN OR DO THEY NEED OURS? PLEASE CHECK ONE:

CUSTOMER OWN STANDARD WHEELCHAIR _____ TLC STANDARD WHEELCHAIR _____

CUSTOMER OWN OVERSIZED WHEELCHAIR _____ CUSTOMER NEEDS LIFT TO BOARD _____

CUSTOMER OWN ELECTRIC WHEELCHAIR _____

ANY SPECIAL EQUIPMENT OR RIDERS GOING WITH CUSTOMER: _____

COMPLETE ADDRESS OR DROP-OFF LOCATION, INCLUDE SUITE #: _____

IF MEDICAL APPOINTMENT, DR'S NAME: _____

DR'S PHONE #: _____ APPOINTMENT TIME: _____

NAME OF PERSON PAYING FOR TRANSPORT & PHONE #: _____

- PRIVATE PAY – we accept Visa, Mastercard, Discover, American Express, check or cash
- OHIO MEDICAID WITH A MANAGED CARE – transportation must be scheduled through their managed care
- OHIO MEDICAID WITH NO MANAGED CARE (“STRAIGHT MEDICAID) – a certificate of necessity must be in place prior to first ride
- WE **DO NOT** BILL MEDICARE NOR PRIVATE INSURANCE DIRECTLY

**48 HOUR ADVANCE NOTICE IS REQUIRED – EMAIL TO : info@tlctransit.com or FAX TO: 419-861-4001

**NEXT DAY OR SAME DAY TRANSPORT REQUESTS MUST BE CALLED INTO THE OFFICE AT 419-861-4000

Thank you for choosing TLC Transit, LLC

Revised: 2/12/2020 - amk