



TLC TRANSIT

Non-Emergency Medical and Non-Medical Transportation

REQUEST TO SCHEDULE TRANSPORT

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

PASSENGER NAME: _____ (First/M.I./Last)

NEW PASSENGER INFO:

Payment Source (circle one): _____ Medicaid _____ Facility Pay _____ Private Pay _____

DOB: _____ MED# or SSN: _____

Mobility (circle applicable):
1) Ambulatory/Walking _____ 2) Standard Wheelchair _____
3) Bariatric Wheelchair _____ 4) Motorized Wheelchair _____

Primary Phone #: _____ Secondary Phone #: _____

Number of Escorts: _____ Reminders (circle one) : Call or Text or None _____

Emergency Contact: _____ Emergency Contact #: _____

Behaviors/Special Directions: _____

RESERVATION INFO:

Date of Service: _____ Appointment Time: _____

Pickup Address: _____

Dropoff Address: _____

Bldg/Ste/Doctor: _____

Dropoff Phone: _____ Return Time/Will Call: _____

Special Directions: _____

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.

****Wheelchair width for van lifts: 32" or less from outside wheel to outside wheel.****

****PICKUP TIMES ARE CONFIRMED VIA EMAIL REQUESTS – IF YOU REQUIRE A CONFIRMATION, PLEASE INCLUDE YOUR EMAIL ON THE REQUEST****