



321 North Third Street  
 Williamsburg, Ohio 45176  
 Phone: (513) 724-7000 (800) 215-7366  
 Fax: (513) 724-7080

Serving those you serve

**Scheduled Medical Transportation Fax**

Date of Transport \_\_\_\_\_ Appt. Time \_\_\_\_\_

Patient Name \_\_\_\_\_ SSN \_\_\_\_\_

Pickup Location \_\_\_\_\_ Room # \_\_\_\_\_

Transport Destination \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Suite # \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Procedure / Treatment being performed: \_\_\_\_\_

Medical Condition Justifying Transport (Dx) \_\_\_\_\_

Infectious Precautions: (if yes, explain) \_\_\_\_\_

Stretcher (Dx for Bed Confined) \_\_\_\_\_

Wheelchair \_\_\_\_\_ (if yes, does the patient have his/her own chair) Y or N

Oversized wheelchair needed  Patient weight: \_\_\_\_\_

Oxygen Needed: Y or N Other special care including IV \_\_\_\_\_

Medicare \_\_\_\_\_ Medicaid \_\_\_\_\_

Part A Medicare Skilled: Day of Skilled Care: \_\_\_\_\_

Other insurance: \_\_\_\_\_

Claims Address: \_\_\_\_\_

Scheduler or Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Extension \_\_\_\_\_

Upon completion of the above data please fax to **(513) 724-7080** and the trip will be scheduled. You will receive a fax copy back as verification that your transportation request has been received.

Thank You,  
 Eastern Area Specialty Transport, Inc.

*For Office Use Only:*

Confirmation Number: \_\_\_\_\_ Patient pick up time will be: \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_ Confirmed by: \_\_\_\_\_