



# Provider Use Only: Transportation Request

For inpatient discharge or transfer requests, please complete the Hospital Discharge Transportation Request form

Member Name:		DOB:	CIN:
Requestor Name, Title:		Requestor Phone Number:	
Pickup Address: <i>(inc. apartment / unit / space #, gate code)</i>		# of Stairs or Ramp at Pickup Location:	
Member Phone #:	Interpreter Needed? <i>(If yes, preferred language):</i>		
<b>Service Information</b>			
Level of Service:			
# of Adult Attendant(s):	# of Child Attendant(s):	Service Animal <i>(species / weight):</i>	
Attendant Relationship: <i>(minors only)</i>		Minor Consent Services – OK for minor to ride alone:	
<b>Trip Information</b>			
Urgent 5150 / Psychiatric hold / evaluation:			
Appointment Date:	Appointment Time:	Duration:	
Facility Name:	Facility Phone:	Facility Fax:	
Facility Department:	Appointment Reason:	One-way or Roundtrip:	
Drop-off Address: <i>(inc. suite, room, floor #)</i>		# of Stairs or Ramp at Drop-off Location:	
Recurring Schedule <i>(days)</i> :		Recurring Frequency:	
Recurring Start Date:		Recurring End Date:	
<b>Medical Information</b>			
<i>Complete only for wheelchair van, gurney, ambulance, or air ambulance transports</i>			
Member's Height <i>(in.)</i> :		Member's Weight <i>(lbs)</i> :	
O2 <i>(liters)</i> :	Does O2 Need to be Provided?		
Mobility Equipment:		Does Wheelchair Need to be Provided?	
Vent or Trach:	Other Medical Equipment <i>(list)</i> :		
Behavior or Precautions:		Bathroom on Own:	
Receiving Facility's Contact Name & Phone # <i>(if applicable)</i> :			
<b>Additional Notes</b>			

Fax: (530) 351-9055 | Email: [transportationhelpdesk@partnershiphp.org](mailto:transportationhelpdesk@partnershiphp.org)

Email subject lines must include the discharge date

**5150 requests must include "Urgent 5150" in the email subject line**

If NEMT is requested, a completed and signed PCS form is required