



Kansas Operations  
 4149 Highline Blvd. Suite 200  
 Oklahoma City, OK 73108

### STANDING ORDER FORM

FAX # 800-597-2091  
 PHONE # 866-697-0496

Member's Name:	<input type="checkbox"/> New <input type="checkbox"/> Update Existing	
Member's Insurance ID#	Gender: Female / Male	DOB: ___/___/___

#### APPOINTMENT INFORMATION

<b>Appointment Days</b>  <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Appt. Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>Level of Service:</b> <input type="checkbox"/> Ambulatory <input type="checkbox"/> Wheelchair Height: _____ Weight: _____ <input type="checkbox"/> Escort
	Return Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>Select One:</b> <input type="checkbox"/> Transportation <input type="checkbox"/> Gas Reimbursement
	Start Date: ___/___/___	<b>Select One:</b> <input type="checkbox"/> One Way <input type="checkbox"/> Round Trip
	End Date: ___/___/___ <input type="checkbox"/> Ongoing	Can the Member sign the driver's log? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Special Needs:  <input type="checkbox"/> Escort <input type="checkbox"/> Car Seat	Will signature status be permanent? <input type="checkbox"/> Yes <input type="checkbox"/> No

#### GAS REIMBURSEMENT INFORMATION (Complete Only if Gas Reimbursement is Selected)

Driver Name: _____	Mailing Address: _____	SSN: _____
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#### PICK-UP INFORMATION

Residence/Facility Name:	Phone #:
Address:	City, State Zip:

#### DROP-OFF INFORMATION

Facility/Complex Name:	Phone #:
Address:	City, State Zip:

<b>Treatment Type:</b> <input type="checkbox"/> Dialysis <input type="checkbox"/> Mental/Behavioral Health <input type="checkbox"/> Chemo/Radiation	<b>Ordering Party:</b> Name: _____ Title: _____ Phone#: _____ Fax#: _____
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**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

“Caution: This information contains confidential and proprietary trade secrets, the release of which could cause competitive harm. It is not subject to disclosure under any freedom of information act or open records act law or regulation. Do not further disclose.”