Print Clear Form

Oregon Health Plan Transportation Order

Transportation provider name		Provider number
Phone number:	Fax number:	Name of authorizing brokerage:

Client information

Name: *(Last, First)*	Phone number:	OHP ID #
Pick-up street address:	Apt #	City
Pick-up location's type and name *(Client's home, long term care facility, hospital, etc.)*		

Trip information

Mode: ☐ Ambulance ☐ Other (specify):		Trip Info: ☐ 1-way ☐ Round trip ☐ 3-way	
Destination 1 *(Dr/Clinic name)*		Destination 1 address:	
Destination 1 phone:	Appt. date:	Appt. time: ☐ a.m. ☐ p.m.	Pick-up time: ☐ a.m. ☐ p.m.
Destination 2 name		Destination 2 address:	
Destination 2 phone:	Appt. date:	Appt. time: ☐ a.m. ☐ p.m.	Pick-up time: ☐ a.m. ☐ p.m.
Days needed *(for ongoing trips - check all that apply):* ☐ Sun. ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat.		Pick-up time: ☐ a.m. ☐ p.m.	Return time: ☐ a.m. ☐ p.m.
Reason for ambulance transport - Enter the medical reason (*e.g.,* use of ventilator or constant IV):			

Authorization: To be filled out by Brokerage staff only

If approved, send the completed form to the Provider Services Unit by secure email, fax or mail. Also send a copy of the completed form to the requesting transportation provider.

- **Email:** Send a scan of the form to dmap.providerservices@state.or.us (put "405T" in the subject line).
- **Fax:** 503-945-6873 (Salem)
- **Mail:** Provider Services, ATTN: 405T, 500 Summer St NE E44, Salem OR 97301

Is the trip to access a Medicaid-covered service? ☐ Yes ☐ No	If yes, enter initials of brokerage staff who verified the trip:
Dollar amount authorized: Enter the approved bid price (if above OHP fee schedule). Trip will be paid per OHP fee schedule unless special circumstances warrant additional payment:	
Special circumstances: If amount authorized is above OHP fee schedule, explain why this cost was approved.	

Brokerage authorization – *This section must be signed by the brokerage staff authorizing transport.*

Authorizing staff name: _____ Phone number: _____

_____ _____

Signature Date

Distribution: 1 copy to provider, to retain; 1 copy for brokerage, 1 copy to Provider Services