



Indiana Standing Order Request Form

This Form Must be completed in FULL and returned within 5 business days of the first transport. Please Fax to **317-642-0913**. Please remember that as the requester you are responsible for informing Verida of changes (address, phone number, time, or days) or cancellation of treatment. You will also be asked to recertify orders every six (6) months for Dialysis standing orders or every three (3) months for all other standing orders to avoid cancellation of the standing order. Please remember that the Member must have two (2) or more reoccurring appointments each week for a minimum of 6 weeks to qualify for a Standing Order. If you have any questions, please call the **Verida Facility Line at 1-855-325-7588**.

Member Name _____ Medicaid Number _____

Member's Complete Address _____

Member's Phone _____ Alt Phone # _____

Emergency Contact _____ Relation _____ Phone # _____

D.O.B. _____ Gender M ☐ or F ☐ CPT Code _____ Treatment _____

Please Check One (1) NEW ☐ CHANGE ☐ RECERTIFY ☐

FACILITY NAME _____ Phone # _____

Start date. _____ Days of the Week: Su ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐

Special Instructions _____

Start Time _____ AM ☐ PM ☐ End Time _____ AM ☐ PM ☐

Member's Mobility: AMB ☐ W/C ☐ Electric W/C ☐ Wheelchair Dimensions Width (inches) _____ Weight _____

Number of Steps at home: _____

Pick-up address _____ Phone # _____

Facility Address _____ Phone # _____

Select one (1) Round Trip ☐ One Way ☐

Is the Member able to use Public Transit? Yes ☐ No ☐ **

**Member will need a Public Transit Restriction Form (PTRF) on File

STATEMENTS ON THIS DOCUMENT ARE MADE UNDER THE PENALTY OF STATE AND FEDERAL MEDICAID FRAUD GUIDELINES. Verida reserves the right to verify the information provided on this form by site visits, patient and employee interviews, or other methods deemed necessary. Any discrepancies found will be reported to the appropriate State and Federal Medicaid Fraud Control Units. This, together with any attachments, is intended only for the use of the individual or entity to which it is addressed. It may contain information that is confidential and prohibited from disclosure. If you are not the intended recipient, you are hereby notified that any discrimination or copying of this form, or any attachment, is strictly prohibited. If you received this message in error, please notify the original sender immediately by telephone or by returning this form.

By signing below I acknowledge that I have read the above statement, have ensured that all the information provided on this form is filled out fully and accurately, to the best of my knowledge, and am giving permission to Verida to use the included information for the purposes of creating a Standing Order and maintaining transportation.

Facility Requestor Name (Print) _____ Phone # _____

Facility Requestor Signature _____

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