



Standing Order Change Form

Fax: 1-877-637-9091

MUST BE SUBMITTED 48 HOURS PRIOR TO THE APPOINTMENT DAY

Workers Name: _____ Title: _____

Facility Name: _____ Facility Type: _____

Contact Phone Number: _____

Member ID#: _____ Insurance: _____

Members Name: _____

Type of Change Requested: _____

Time Change to: A-Leg _____ B-Leg _____

Days of transport changed to: M T W TH F S SU

Changes to Pick up Address: _____

Changes to Destination Address: _____

Changes to Members Phone Number: _____

Changes to Members Level of Service: _____

Requested Starting Date for Changes: _____ Permanent Change: Y N

To be completed by Logisticare office staff

Assigned Provider: _____ Verified Changes with: _____

Date Completed: _____ Completed By: _____

***Do not use this form if the member is only going to change a limited amount of trips. If the changes are temporary, make the changes to the respective reservations, complete with the trip notes and advise the provider of the changes.**

“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.”