

LON Level of Need Assessment Form

This form should be completed by the attending Physician or other medical staff at the direction of the Physician. Must confirm whether Wheelchair or Stretcher is necessary for a specific medical condition.

Patient Info	First Name	Last Name	Middle Initial		
	Medicaid ID	Date of Birth	Phone Number	Trip # (if applicable)	
	Street Address		City	State	Zip Code
Medical Necessity	<input type="checkbox"/> Wheelchair Transportation Wheelchair Type: <input type="checkbox"/> Manual <input type="checkbox"/> Electric Height _____ Weight _____ Patient Self Propels <input type="checkbox"/> YES <input type="checkbox"/> NO Patient Self Transfers <input type="checkbox"/> YES <input type="checkbox"/> NO Patient Travels w/Oxygen <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Stretcher Transportation Check all that apply to the Patient: <input type="checkbox"/> Bed confined <input type="checkbox"/> Unable to sit in a chair or wheelchair <input type="checkbox"/> Unable to ambulate <input type="checkbox"/> Unable to get up from bed without assistance		
	<input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Compact Portable Oxygen Tank (self-administered) <input type="checkbox"/> Service Animal <input type="checkbox"/> Attendant / Escort Note any additional medical conditions and monitoring or support requirement(s) needed to ensure safe transport: _____ _____ _____ Duration of Level of Need: <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> Permanent				
Medical Professional Info	I certify that to the best of my knowledge, the above information is true, accurate and complete and the level of service required for the Patient's transport is medically necessary for the Patient's health.				
	Printed Name		NPI #		
	Signature		Phone #		
	Title		Date		

This form must be received no less than X hours prior to the appointment time or transportation cannot be arranged.

Phone: 1-877-598-7602

Fax: 1-844-418-0531

E-mail: RideRequest@onecallcm.com