



**Safe Transition/Transportation Program - \$159  
Service Request Form**



524 Central Ave., Osseo, MN 55369  
PH 763-273-4207 ♥ FX 763-273-4934  
Email: TwinCitiesNorth@ComfortKeepers.com  
http://maplegrove-424.comfortkeepers.com  
*Each office independently owned and operated*

- Pick-up patient/client & drive to/from designated location by Companion or Health Aid
- Provide companionship and/or assistance before/during/after medical apt., procedure or in-patient service
- Assist with errands, meal preparation, housekeeping etc., as time permits
- Includes up to 10 miles of transportation and 3 hours of service
- Holiday rates, additional hours and additional mileage are available
- Must be able to transfer with minimal assistance using private vehicle
- Must be scheduled and prepaid a minimum 48 hours in advance

**Fax or Email Following Information a *Minimum* of ONE WEEK PRIOR TO DATE OF SERVICE**

Today's Date \_\_\_\_\_ Date Service is Needed \_\_\_\_\_ Time Service is Needed \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Mobile \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_, ST \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVV Code \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Clinic/TCU/Hospital Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Services Required (check one) \_\_\_\_\_ Transportation Only \_\_\_\_\_ Transport & Companion

Companion/Supervision needed: \_\_\_\_\_ Before \_\_\_\_\_ During \_\_\_\_\_ After Apt./Procedure

Transportation needed (check one): \_\_\_\_\_ One Way \_\_\_\_\_ Round Trip

Pick Up Address/Details \_\_\_\_\_

Drop Off Address/Details \_\_\_\_\_

Health/Ability Concerns/Limitations (ambulation, vision, comprehension etc.) \_\_\_\_\_

Are there any potential concerns or follow-up procedures needed? (possibility of nausea, vomiting, dizziness, vision impairment, medication changes or reminders, medical equipment etc.) \_\_\_\_\_

***\*\*\*This form is to request service; a formal Care Agreement will be required prior to service.***

\_\_\_\_\_  
Printed Name Date Signature