



Hospital Discharge/Transfer Transportation Request

Fax (530) 351-9055 or email transportationhelpdesk@partnershiphp.org

Email subject lines must include the discharge date of service (DOS)

5150 requests must include "Urgent 5150" in the email subject line

If NEMT is requested, a signed provider certification statement (PCS) form is required

Name		DOB	
CIN		Mbrs Phone #	
Interpreter Required?		Mbrs Weight (lbs)	Mbrs Height (ft&in)
Mode of Transport		Reason for WC/gurn/amb	
Does Mbr have a WC or Walker?		Does WC Need to be Provided? by	# Of Stairs or Ramp
Does Mbr Require O2?		How Much O2?	Does O2 Need to be Provided?
Date of DC		Est. DC Time	
Pick Up Address (Inc. Hosp. Room #)		Pick Up Phone #	
Drop Off Address		Drop Off Phone #	
Requestor Name, Title		Requestor Facility	
Phone #		Fax #	
Notes			
Complete Below if Discharging/Transferring to a Facility:			
Sending Facility		Contact Name & Phone #	
Receiving Facility		Contact Name & Phone #	
Does Mbr have Precautions?		Does Mbr have any Behaviors?	
Does Mbr have any Equipment (E.G. Drips/lvs or Catheter)?		Can Mbr Bathroom on their own?	