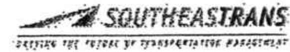
Southeastrans Nursing Home Transportation Request Form



Fax completed form to Southeastrans efax: (423)370-1422

Nursing Home Name			**Contact Person (Nurse or Social Worker Only)**			
Nursing Home Street Address			**Telephone Number**		**Fax Number**	
City	**County**		**State**		**Zip Code**	
Appointment Date (Month, Day and Year) / /			**Appointment Time** ☐ AM ☐ PM		**Return Pickup Time** ☐ AM ☐ PM	
Please Circle the Day of the Week of Appointment	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**
Member's (Patient's) Name			**TNCare/BlueCare ID Number**			
Member's (Patient's) Social Security Number			**Confirmation Number**			
Member's (Patient's) Date of Birth			**Member's /Patient's Gender** ☐ Male ☐ Female			
Destination Facility's Name			**Doctor's Name/Department/Floor/Suite Number** (Important)			
Destination Facility's Street Address			**Destination Phone Number** (Required) ( )			
City	**County**		**State**		**Zip Code**	
Mode of Transportation	☐ Ambulatory	☐ Wheelchair	☐ Electric Wheelchair		☐ Stretcher	
If Stretcher, please provide:		**Floor or Wing** ____	**Room Number** ____		**Bed Number** ____ **Weight** ____	
Escort ☐ Yes ☐ No **Escort's Name** ____		**Escort's Relationship to Member/Patient** ☐ Nursing Home Employee ☐ Other ____			**Reason For Escort** ☐ Nursing Home Resident ☐ Other ____	