**IMPORTANT: PLEASE READ BEFORE SUBMITTING**

This Non-Emergency Medical Transpiration service is only available to individuals who are enrolled in the Refugee Medical Assistant (RMA) Program. Eligibility will be confirmed prior to approval. Service may not be provided for the trip to any non-RMA covered provider or non-RMA covered services. Three (3) business days advanced notice is required for any trip request (exceptions may be made.) Sensitive information will be included on this request form, so please encrypt the e-mail prior to submission for protecting the client’s privacy. Interpretation service is available upon request.

*Transport Request Form*

*Complete and email to:* [RMATRANSPORTATION@USCRIDC.ORG](mailto:RMATRANSPORTATION@USCRIDC.ORG) *or*

*Call 703-310-1130 X 3060 to request.*

|  |  |
| --- | --- |
| **PERSON REQUESTING:** |  |
| First and Last Name: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. |
| **PATIENT’S INFORMATION:** |  |
| First and Last Name: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| **Type of Services (Please select One):** |  |
| One Way/Round Trip: | Click or tap here to enter text. |
| Sedan/WC Van/Ground Ambulance: | Click or tap here to enter text. |
| Escort (Y/N): | Click or tap here to enter text. |

**Trip Information:**

|  |  |
| --- | --- |
| Time & Date of Pick-up: | Click or tap here to enter text. |
| Pick-up Address: |  |
| Drop-off Address: | Click or tap here to enter text. |
| Types of Medical Service(s): | Click or tap here to enter text. |
| Return Trip Pick-up Time (Optional): | Click or tap here to enter text. |
| Comments/Notes: | Click or tap here to enter text. |