HEALTH PLUS TRANS, LLC



Aero Medical Transportation ATTENTION: Ali 267.367.2963

aerromedicaltransport@gmail.com

Transport Provider Schedule

Please call the client to confirm pick up time.

Drop Off

Time:

Date WE	DNESDAY, 6 / 19 / 2019 Pick	•	st nd	7:30 AM 9:15 AM		PU: est. 11:00 AM	
Client Name: Benjamin Allen		Client Number:		603.340.0 978.269.4	782 386 (wife Faye)		
Client Pickup / Return Address:		Client Residence:		758 South	758 South 51st St,Philadelphia, PA 19143		
1st D/0::	Physical Therapy 3737 Market St Philadelphia, PA 19143	St		219 Nort	Doctor Visit 219 North Broad St, Philadelphia, PA 19107		
Please Scan or Fax this Document within 24 hours completed and signed for prompt payment***							
Trip Date	From	Mileage	Appo Time	intment	Other		
6 / 19 / 2019	Round Trip	10 mi ABC	8:00	AM	Flat Rate	\$ 50.00	
	Additional hour wait + extra stop						
		10 mi ABC			\$ 30.00		
	Additional hour wait + extra stop						
		10 mi ABC				\$ 30.00	
					TOTAL	\$ 80.00	
Client sign:			Date.				
Driver sign:			Date.	Date.			
Date	Pick Up Time:	Mileage	Addre	ess		Drop Off Time:	
Date	Pick Up Time:	Mileage	Addre	ess		Drop Off Time:	
Date	Pick Up Time:	Mileage	Addre	ess		Drop Off Time:	

Mileage

Address

Pick Up Time:

Date

PO Box 3872, Alpharetta, GA, 30023 Phone No: (678) 845-9733 Fax: (678) 242-5295 Email: Service@healthplustrans.com

