St. Thomas East End Medical Center Corporation
4605 Tutu Park Mall, Suite 207
P.O. Box 503177
St. Thomas, VI 00805-3177

Tel: (340)775-3700
Fax: (340)777-7927

"Your Health is our First Priority"

Transportation Request Program

St. Thomas East End Medical Center Corporation provides nonemergency transportation services. The purpose of this program is to ensure transportation to and from scheduled STEEMCC related services. The patient will be issued a pass to access the use of public transportation, to get to and from his/her health appointment. Your medical provider must authorize your need for transportation by completing a transportation form for institutionally based services. Patient eligibility for a transportation voucher are based on the following requirements:

- The patient requires advocacy during a medical appointment.
- The patient is physically, mentally, or developmentally disabled.
- The patient does not have access to personal transportation.

Clinical staff will complete the transportation request and the form to present to the front office at check out. Patient Access will present patient with a pass at time of check-out and make notation in file.

Scope of Services

1. Appointment with a provider at STEEMCC
2. Laboratory testing
3. Referral of non-emergent patients to the emergency room
4. Referral for same day appointment with consulting provider
5. Transportation from the services listed above to the closest bus stop by patient's home.

Instructions

1. Enter Patient's Demographic information.
2. Specify why transportation services are required
3. Describe the specific medical care that will be provided, location, and date of service(s).
4. Indicate how many transportation passes the patient requires. Indicate if there is a medical reason the patient or guardian accompanying patient is unable to get to an appointment.
5. This document requires signatures from the patient and/or legal guardian, STEEMCC representative (the staff member verifying the request or assisting patient), an active STEEMCC Provider, and CFO Representative.
6. This document should be scanned into patient's electronic chart.

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Transportation Request Form

Patient Name: ______________________ (Print) Date of Birth: ______________

Phone #: ______________ Email: ______________________

Gender: ☐ Female ☐ Male Does patient require a companion for travelling? ☐ Yes ☐ No

If YES, please provide Companion Name: ______________________

Date of service needed for transportation: ______________________

Location of service needed for transportation: ______________________

Requesting Provider

☐ Dr. B. Douglas	☐ Dr. G. Caines	☐ Dr. L. Moolenaar III	☐ Lab
☐ B. Christian, NP	☐ Dr. J. Meservy	☐ Dr. L. Thompson	☐ Nurse
☐ Dr. C. Lloyd	☐ Dr. J. Meyers	☐ N. Williams- Prince	☐ Pharmacy
☐ Dr. D. Simmonds	☐ K. Smith Wong, NP	☐ Dr. T. Richards	☐ Other__________
☐ Dr. D. Boschulte	☐ L. Gewinner	☐ V. James Danet	

Number of trips requesting: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other______________

Why is Transportation Services required?

Patient Signature: ______________________ Date: ______________

Please print relationship to patient (if signed by a personal representative of patient): ______________

OFFICIAL USE

Patient ID#: ______________ ☐ Approve ☐ Deny

If denied, explain: ______________________

Provider Signature: ______________________ Date: ______________

Please check applicable title: ☐ DH ☐ MD ☐ PhD ☐ RNP ☐ DDS ☐ PA ☐ RN ☐ Other: ______________

STEEMCC Representative: ______________________ Date: ______________

CFO Representative: ______________________ Date: ______________