



RESERVATION BOOKING PROCEDURES

Telephone: **(508) 459-3272**

Thank you for choosing Your Ride, Inc. Since 2015 we have been honored to support and provide assisted transportation to area seniors and those with mobility issues throughout Worcester County and beyond. In an effort to better assist you, your loved one, and facility staff, please review the following particulars for scheduling and preparing for transport.

Please use the following considerations when making reservations:

- To ensure availability and proper accommodations, please contact our office to make reservations as far in advance as possible. We welcome and are pleased to accommodate same-day requests, but as to be expected, we cannot guarantee availability for on-demand requests.
- Patients using walkers, canes, or any assisted device must be transported in a wheelchair. If originating from a facility, please ensure patient is using a serviceable facility wheelchair with working leg rests and locking mechanism
- If the patient/facility does not have a serviceable wheelchair, a Company wheelchair will be used for transport. However, to ensure availability for other transports, the patient will need to be transferred to another wheelchair upon arrival at the destination.
- To ensure patient safety, we ask that patients already be transferred into the wheelchair they will be using during transport. If a Company wheelchair is necessary, we ask that facility staff be readily available upon arrival to assist in transferring patients.
- Please ensure all necessary paperwork or items needing to accompany the patient during transport are properly prepared and ready upon arrival.
- In the event of a cancelation or need to reschedule, please contact our office as far in advance as possible.
- **IMPORTANT:** ALL MassHealth transports must be booked directly through MART to obtain an Approved PT-1. Your Ride, Inc. cannot transport a MassHealth patient without an Approved PT-1 form. For your convenience, attached are MART requisition forms for single-day or standing orders. They can be faxed to MART before 3:00 PM if unable to book online.



Please note the following requirements suitable for transport:

- Leg and footrests must be attached to all wheelchairs.
- One stair maximum for wheelchair access - up or down.
- Company drivers cannot transfer patients in or out of wheelchairs.
- Company vehicles are smoke-free to include no vaping.
- Seatbelts must be worn by all passengers at all times during transport.
- Patients must be able to self-regulate portable oxygen tanks or a licensed aide or family member must accompany the patient to assist with making adjustments.
- Oxygen tanks must be secured to wheelchairs.
- Company personnel are not permitted to walk patients to or from the vehicle. Patients must be in a wheelchair for transport.
- Patients must be secured in the rear of the vehicle. Only aides or attendants can ride in the front of the vehicle.
- Bariatric patients must be evaluated prior to making reservation to ensure adequate accommodations.
- Only Power wheelchairs with a serviceable seatbelt can be used during transport.

WHEELCHAIRS SUITABLE FOR TRANSPORT:



Standard Wheelchair



Tilt and Space Wheelchair
(In upright position for loading)

CHAIRS NOT SUITABLE FOR TRANSPORT:



"Office" Chair



"Broda" Chair



"Geri" Chair



Scooter



TODAY'S DATE: _____

MH ECC STANDING ORDER REQUISITION FORM

Note: If any information is missing, we will not be able to fulfill this request

WHEN REQUESTING DOOR TO/THROUGH DOOR (ECC) SERVICES PLEASE BE SURE TO INCLUDE THE FOLLOWING CODES APPROPRIATELY. YOU MUST ALSO INCLUDE PICK UP & DROP OFF INSTRUCTIONS FOR EXAMPLE: APT #'S, SUITE #'S, NUMBER OF STAIRS (IF ANY)

PICK UP/DROP OFF CODE: (R)=RESIDENCE, (H)= HOSPITAL, (N)=SKILLED NURSING FACILITY, (P)= PROVIDER

FACILITY NAME: _____

CONTACT PERSON/PHONE # _____

CLIENT NAME: _____ MH ID # (MMIS #) _____

DAYS TRAVELING (CIRCLE): SUN MON TUES WED THURS FRI SAT - START DATE: _____

APPOINTMENT TIME: _____ RETURN TIME: _____

IF TIMES VARY FROM DAY TO DAY, PLEASE SPECIFY BELOW:

PICK UP & DROP OFF TYPE (CHECK ONE) DOOR TO DOOR DOOR THROUGH DOOR

PICK UP ADDRESS: _____

PICK UP CODE: _____

*PICK UP INSTRUCTIONS: _____

DROP OFF ADDRESS: _____

DROP OFF CODE: _____

*DROP OFF INSTRUCTIONS: _____

CURRENT CONTRACTED VNDR (IF APPLICABLE): Your Ride Inc

MOBILITY TYPE (CIRCLE ONE)

ESCORT: YES OR NO

WHEELCHAIR: YES OR NO

WALKER: YES OR NO

- PLEASE SUBMIT REQUESTS NO LATER THAN 3:00PM TO 978-343-0339 OR 978-345-1706
- IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT JASMIN 978-665-2861. IF A VOICEMAIL IS LEFT, SHE WILL RETURN YOUR CALL AT HER EARLIEST CONVENIENCE.



TODAY'S DATE: _____

MH INDIVIDUAL ECC TRIP REQUISITION FORM

Note: If any information is missing, we will not be able to fulfill this request

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PICK UP/DROP OFF CODE: (R)=RESIDENCE, (H)= HOSPITAL, (N)=SKILLED NURSING FACILITY, (P)= PROVIDER

FACILITY NAME: _____

CONTACT PERSON/PHONE # _____

CLIENT NAME: _____ MH ID # (MMIS #) _____

TRAVEL DATE: _____ APPOINTMENT TIME: _____ RETURN TIME: _____

PICK UP & DROP OFF TYPE (CHECK ONE) DOOR TO DOOR DOOR THROUGH DOOR

PICK UP ADDRESS: _____

PICK UP CODE: _____

*PICK UP INSTRUCTIONS: _____

DROP OFF ADDRESS: _____

DROP OFF CODE: _____

*DROP OFF INSTRUCTIONS: _____

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