

STAFF USE ONLY

Date Received: _____ Hilo _____ K'au _____ Kailua-Kona _____ Kea'au _____
 Kealakehe _____ Kealakekua _____ Pāhoa _____ Waikoloa _____

20 DAYS ADVANCE NOTICE IS REQUIRED FOR OFF-ISLAND TRAVEL

Date of Request (Today's Date): _____

Patient's Name: _____ Patient's Date of Birth: _____

Street Address: _____ City: _____ Zip Code: _____

Patient's Phone: _____ Alt Phone: _____ Email Address: _____

Insurance Company: AlohaCare 'Ohana United HMSA UHA Other: _____

Check here if home island ground transportation is needed from residence to airport

Preferred Airport for Departure: Kona Airport Hilo Airport

Appointment is scheduled with: _____ Phone: _____

Appointment Address: _____ City: _____ Zip Code: _____

Appointment Date: _____ Appointment Time: _____

Departure Date: _____ Return Date: _____

Appointment Reason: Consultation Follow-Up Surgery Pre-Op Post-Op Other: _____

IF THE PATIENT IS A MINOR, AN ADULT COMPANION (AGE 18 OR OLDER) IS REQUIRED

Check here if additional/special arrangements are needed (please indicate below)

Wheelchair Oxygen Meals Lodging Multiple Appts Interpreter Companion

Please explain: _____

If patient is an adult, companions are allowed only if medically necessary. Please share medical reason: _____

Name of Adult Companion (as listed on valid photo ID per TSA requirement): _____

Date of Birth (as listed on valid photo ID per TSA requirement): _____ Relationship to Patient: _____

If you have questions or need assistance, please call (808) 326-5629.

This completed form may be dropped off at any HICHC location, or emailed to medical.records@HICommunityHealthCenter.org or mailed to: HICHC, 75-5751 Kuakini Hwy., Suite 203, Kailua-Kona, HI 96740 or fax to (808) 329-9451.