

STAFF USE ONLY

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

20 DAYS ADVANCE NOTICE IS REQUIRED FOR ON-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: HMSA Other: _____

IF YOU HAVE UNITED HEALTHCARE Quest/QeXA or 'OHANA HEALTH Quest/QeXA, you need to contact your medical insurance company directly to request home-island ground transportation:

**UNITED HEALTHCARE Quest/QeXA—LOGISTICARE phone: (866) 475-5746
 ALOHACARE or 'OHANA HEALTH Quest/QeXA—INTELLIRIDE phone: (866) 481-9699**

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 Multiple Appointments Interpreter Services Companion

Please explain: _____

Medical reason for companion if Patient is **NOT** a minor: _____

Name of Companion: _____ Date of Birth: _____ 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@HICCommunityHealthCenter.org or mailed to: HICHC, 75-5751 Kuakini Hwy., Suite 203, Kailua-Kona, HI 96740 or fax to (808) 329-9451.