Re-Route Form



Date:	Date of Service:	Provider:
Phone:	Time Faxed:	Address:
Fax #:		

Re-Route Form Only – Do Not Use for Cancellations. Use for only 1 day's re-routes.

CHECK BOX IF YOU DO NOT HAVE ANY RE-ROUTES FOR THIS DAY:

Job #	Client Name	Code	Pick-Up Time	Pick-Up County	Re-Route Codes
					NSA: Not in Service Area
					WLS: Wrong Level of Service
					TMC: Too Many Trips
					•
					-

This form must be completed and faxed daily to the Indiana Office so that it is received 24 hours or more before the scheduled pick-up time or within 2 hours of when a fax was received from us. Any Re-Routes done after 4 pm ET Mon-Fri, weekends, or national holidays must be called in using the Provider phone 204-808-4409. Fax to the Provider fax line at 317-875-4670.