

## Transportation Service/Payment Agreement for Private Pay Clients

**Billing:** I understand that I will receive a bill at the beginning of each month for the previous month's transportation services. Payment is due within 15 calendar days of the statement date. I understand that I must pay my monthly bill in full or Care Wisconsin may discontinue service immediately.

**Responsibilities:** It is the responsibility of the individual/family/caregiver to ensure that riders are ready to go within the scheduled pickup time window (20 minutes). It is also the responsibility of the individual/family/caregiver to ensure that all mobility devices such as wheelchairs and walkers used by the rider are in good working condition at the time of and during transport of individuals. Individual/family/caregiver are responsible for ensuring that all driveway, sidewalks, ramps and steps are free of elements which may impede the safety to the rider and driver. Individuals who utilize a wheelchair, power-chair or scooter for their mode of transport must be able to access their residence independently should there be any steps/stairs involved. Those individuals who cannot access their residence independently and utilize a wheelchair, power-chair or scooter, will be responsible for an ADA approved ramp to ensure transport can occur. Individuals who utilize a scooter as their mode of transport must be able to ambulate out of the scooter and move to a bus seat during their transport on the vehicle or the scooter must be able to be safely secured in the bus.

**Ride Expectations:** Individuals are not allowed to bring any food/beverage items on the vehicle during their transport. Individuals are allowed to bring one small package with them on the vehicle during transport.

**Emergency Contacts:** All individuals/family/caregivers must provide emergency contact information to be used in the event that the individual cannot get into their home, or be there safely alone, or other transportation emergencies. If an emergency contact cannot be reached and the individual cannot safely be left in their home, the driver will drop off the individual at the nearest hospital emergency service.

**Scheduling rides:** Rides must be scheduled 24 hours prior to the time service is needed. Rides may be scheduled by calling (608) 245-3125. Rides that require Care Wisconsin provide a wheelchair for transportation must be scheduled 48 hours prior to the time service is needed. Care Wisconsin reserves the right to schedule the ride with another vendor in the event that Care Wisconsin cannot schedule the ride.

**Cancelled rides:** All rides must be cancelled 24 hours prior to the time of the scheduled ride. If a ride is not cancelled 24 hours in advance and Care Wisconsin attempts to make the pickup the individual will be charged for the ride.

**Fees:** All rides are \$3.00 per mile. Care Wisconsin reserves the right to adjust the fee with a 30 day notification.

**Transportation Service/Payment Agreement for Private Pay Clients**

Name		Date of Birth		
Address		City	State	Zip Code
( )	( )	( )	( )	( )
Phone		Cell Phone		
Billing Address (If different)		City	State	Zip Code

**Emergency Contact**

Primary Emergency Contact		Relationship		
( )	( )	( )	( )	( )
Home Phone		Work Phone		
( )		Cell Phone		

**Alternate Drop Off Address**

Address	City	State	Zip Code
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**Special Instructions**

- Rider **CAN** be left alone in their home.
- Rider **CANNOT** be left in their home. Attendant/family/caregiver must be present.
- Rider is ambulatory
- Rider requires a wheelchair?       Manual wheelchair       Power wheelchair
- Rider requires a walker?
- Rider uses oxygen?



*Partnering for Independence since 1976*

Attn: Transportation

PO Box 14017

Madison, WI 53708-0017

Phone: (608) 245-3125 Fax: (608) 245-3591

**Additional Passengers**

Name of Additional Passenger Relationship to Rider

**Signature**

I agree to all conditions and requirements stated above:

Signature of Designated Payer Date

Printed Name of Designated Payer Phone

Address City State Zip Code

Copies to: \_\_\_\_\_ Enrollment Services \_\_\_\_\_ Finance \_\_\_\_\_ Designated Payer