

Please Note: Submission of this request does not schedule transportation. Quotes are estimates based on the information provided. Final pricing may change if transport requirements, mileage, patient condition, level of service, or other operational factors differ from those submitted. A Jan-Care representative will review your request and contact you if additional information is needed.



Transportation Quote Request Form

Please complete the information below and fax to 304-253-5407.

Requestor Information

Contact Name *

Organization/Facility *

Phone Number *

Email Address *

Patient Pickup Information

Pickup Facility/Location *

Pickup Street Address *

City *

State *

ZIP Code *

Patient Destination

Drop-off Facility/Location *

Drop-off Street Address *

City *

State *

ZIP Code *

Requested Level of Service

- ALS Ambulance
- BLS Ambulance
- Wheelchair Van

Transport Details

- One Way Round Trip

Estimated Date of Transport

Estimated Time of Pickup

Patient Information

Patient Weight: _____ lbs

- Bariatric Transport Needed? Yes / No
- Oxygen Required? Yes / No

If yes: ___ LPM Continuous Patient Supplied

- Isolation Precautions Required? Yes / No

Reason for Transport

- Hospital Discharge
- Dialysis
- Nursing Home
- Physician Appointment
- Hospital Admission
- Interfacility Transfer
- Rehabilitation
- Hospice
- Other: _____

Additional Information

Please describe any special circumstances that may affect pricing or transport:

Acknowledgement

- I understand this is an estimate only. Final charges may vary based on the patient's medical condition, level of care required, actual mileage, wait time, additional services provided, or changes to the transport request.