



HealthRide Provider User & Profile Form

Please fill out the appropriate information below, save it to your files, and E-mail the completed form to Trans-Prov@ucare.org.

Dispatch Operations:

Transportation Provider Legal Name: _____

DBA/Site Name: _____

Main E-mail Address: _____

Dispatch Phone Number: _____ Dispatch Fax Number: _____

Dispatch Contact Name: _____ Dispatch Contact E-mail: _____

Dispatch Office Hours:

Day of the Week	Start Time	End Time
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		
Saturday:		
Sunday:		

Vehicle Breakdown:

- Non-Van Vehicles (Sedan/Taxis)
- Lift/Ramp Vehicles
- Transit
- Ambulatory Vans
- Stretcher
- Short Bus
- SUV



Standard Driving Schedule:

Day of The Week	Start Time	End Time
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		
Saturday:		
Sunday:		

Daily UCare Capacity by Mode: *(how many UCare rides your organization can accommodate per day)*

Note: maximum daily capacity does not guarantee ride assignment

Day of the Week	Unassisted	Assisted	Lift/Ramp	Protected	Stretcher
Monday:					
Tuesday:					
Wednesday:					
Thursday:					
Friday:					
Saturday:					
Sunday:					

UCare Scheduling System User Access:

User access is required to review and accept schedule rides. User access limited to management and scheduling/dispatching staff (not drivers). Access is limited to five (5) individual users.

First Name	MI	Last Name	User Business E-mail Address	User Computer IP Address