



SMART Van, LLC

PO Box 759, Tomahawk, WI 54487
Phone: (715) 453-7433 Fax: (715) 453-7432
www.YourSmartRide.com
info@yoursmartride.com

Confidential – SMV Transportation Private Pay Request From

Transportation for:

First Name: _____ Last Name: _____
DOB: _____ SSN: _____

Trip Information:

Order Date: _____ Service Date: _____
Pickup Time: _____ Appointment Time: _____ Return Time: _____
Round Trip: Number of Companions: _____
Wheelchair : Own Use SMART Van Wheelchair (\$30.00)
Pickup Address: _____
Pickup Phone: _____
Destination Address: _____
Destination Phone: _____

Payment Methods

Select one and complete all information:

Visa Master Card American Express Discover
Credit Card #: _____ Exp. Date: _____ CID: _____
Cardholder First Name: _____ Last Name: _____
Cardholder Address: _____
City: _____ Zip: _____ Phone: _____

I certify that the above named person is not currently covered by Wisconsin Medicaid, and hereby assume payment responsibility for all transportation provided by SMART Van, LLC.

I hereby authorize the above transportation.

Print Name: _____
Signature: _____ Date: ____/____/____