

**Self Service Portal - Release Form**

<p>I, _____ (Member name), authorize _____ (Individual or Facility name) to schedule, change or cancel transportation to my covered services on my behalf using my information for IntelliRide's self-service online portal.</p>				
<b>Member Information</b>	First Name	Last Name	Date of Birth	Health First ID #
	Phone Number		Email	
	Street Address			
	City / State / Zip Code			
<b>Authorized Representative Information</b>	Facility or Authorized Representative's Name			
	Phone Number			
	Medical Provider's Name			
	Valid From:	Valid Until:	Member's Relation to Representative:	
	Requested User Name		Email Address	
<b>Disclosure</b>	<p>IntelliRide will enter the information received upon receipt of this form. The authorized representative will receive an email with a hyperlink to the self-service online portal. Please log on and create a unique password. If you need assistance, please call: 1-855-489-4999.</p>			
<b>Agreement &amp; Signature</b>	<p>By signing this form, the Member agrees to provide the medical provider's facility or an authorized individual to request, change or cancel transportation beginning on the start date requested. At the designated end date, this form shall become invalid and the authorized representative will no longer have authorization to complete transportation requests on the Member's behalf. Please ensure you understand these terms before signing.</p>			
	Printed Name		Relation to Member	
	Signature		Date	
<b>For IntelliRide Use</b>			<b>Staff Initials</b>	<b>Received</b>
			Entered	