



## 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 Transdev'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>Transdev 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 Transdev Use</b>			<b>Staff Initials</b>	<b>Received</b>	<b>Entered</b>