



\*\*\*NEW ACCOUNT FORM\*\*\*

17368 W. Twelve Mile #100  
 Southfield, MI 48076  
 info@hourtransportation.com

TEL:  
 TOLL FREE:  
 FAX:

248-569-7500  
 888-290-4270  
 248-569-4445

**R E F E R R A L I N F O**

COMPANY NAME: \_\_\_\_\_ REFERRAL ID # \_\_\_\_\_  
 (COMPANY USE ONLY)

CONTACT FIRST NAME: \_\_\_\_\_ CONTACT LAST NAME: \_\_\_\_\_

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ EXT \_\_\_\_\_ ALT. PHONE: ( ) \_\_\_\_\_

FAX: ( ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**B I L L I N G I N F O**

CLAIM #: \_\_\_\_\_ BILLING ID # \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ (COMPANY USE ONLY)

CONTACT FIRST NAME: \_\_\_\_\_ CONTACT LAST NAME: \_\_\_\_\_

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ EXT \_\_\_\_\_ ALT. PHONE: ( ) \_\_\_\_\_

FAX: ( ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**C L I E N T I N F O**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ ALT. PHONE: ( ) \_\_\_\_\_

RELATIVE OR GUARDIAN NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

NATURE OF INJURY OR CONDITION / SPECIAL CIRCUMSTANCES OR ACCOMODATIONS REQUIRED:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

AMBULATORY (NON-WHEELCHAIR BOUND OR TRANSFERS)  NON-AMBULATORY (WHEELCHAIR BOUND)

**\*\*\*NON-AMBULATORY CLIENTS ONLY\*\*\***

CLIENT'S APPROXIMATE WEIGHT: < 100 LBS. 100-150 LBS. 150-200 LBS. 200-250 LBS. >250 LBS.

ARE THERE STAIRS TO GO DOWN FROM THE CLIENT'S HOME TO THE VEHICLE? YES NO

IF THERE ARE STAIRS, HOW MANY ARE THERE? 1 2 3 4 5 6 >6

**CLIENT'S WHEELCHAIR:** IS IT A "SCOOTER" WITH A STEERING MECHANISM? YES NO

IS IT A WIDE CHAIR? YES NO IS IT MOTORIZED? YES NO

PLEASE NOTE ANY OTHER SPECIAL INSTRUCTIONS:  
 \_\_\_\_\_  
 \_\_\_\_\_