



NEW ACCOUNT FORM

34514 Dequindre Rd, Suite B
Sterling Heights, MI 48310

TEL: 586-979-RIDE (7433)

FAX: 586-979-7432

info@harmonytransportation.com

REFERRAL INFORMATION	COMPANY NAME: _____		REFERRAL ID # _____ (COMPANY USE ONLY)
	CONTACT FIRST NAME: _____ CONTACT LAST NAME: _____		
	ADDRESS LINE 1: _____		
	ADDRESS LINE 2: _____		
	CITY: _____		
BILLING INFORMATION	CLAIM #: _____		BILLING ID # _____ (COMPANY USE ONLY)
	COMPANY NAME: _____		
	CONTACT FIRST NAME: _____ CONTACT LAST NAME: _____		
	ADDRESS LINE 1: _____		
	ADDRESS LINE 2: _____		
CLIENT INFORMATION	CITY: _____ STATE: _____ ZIP: _____		
	PHONE: _____ EXT _____ ALT.PHONE: _____		
	FAX: _____ EMAIL ADDRESS: _____		
	FIRST NAME: _____ LAST NAME: _____		
	ADDRESS LINE 1: _____		
ADDRESS LINE 2: _____			
CITY: _____ STATE: _____ ZIP: _____			
PHONE: _____ EXT _____ ALT.PHONE: _____			
RELATIVE OR GUARDIAN NAME: _____ PHONE: _____			
NATURE OF INJURY OR CONDITION/SPECIAL CIRCUMSTANCES OR ACCOMODATIONS REQUIRED:			
<p style="text-align: center;">PLEASE CHECK ONE OF THE FOLLOWING</p> 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:			