
The Health Van service is made possible through grant funding from the following :



Suburban Mobility Authority for Regional Transportation



Commission on Aging



Carrie Pitzen
Health Van Director
734-850-6045

Our Commitment

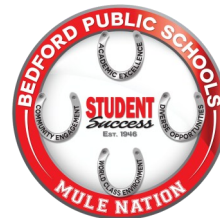
Providing excellent and confidential transportation service for our clients to and from appointments. Assisting our clients in door to door service and assuring safety at all times.



HEALTH VAN

Non- Emergency
Transportation Assistance

Serving residents of Monroe County



Sponsored by:
Bedford Public Schools
Community Education Department

Health Van Office
1623 W. Sterns Rd.
Temperance, MI 48182

Call 734-850-6045
Office Hours: 8 am - 4 pm



Service Area

The Health Van provides door to door service for persons going to any medical/non-medical appointment.

Our transportation coverage area includes all of Monroe County, and surrounding areas. We also transport into Ohio (Toledo, Maumee, Oregon, Perrysburg).

Because we are funded by grants (we receive no funds from Bedford Public Schools) we are able to transport **Monroe County Residents Only.**

Billing

Payment for service is billed monthly or payment can be made to the driver each time transportation is complete.

Most insurance companies do not allow for transportation coverage unless you are temporarily disabled due to an accident.

Fees

Monroe County Residents age 60+

\$35.00 Round Trip

Trips outside of our base area will be charged a per mile fee of \$1.10. This will be added to the base rate.

Non-Medical Trips
please call 734-850-6045 for fees.

Monroe County Residents under age 60

\$35.00 + \$1.10 per mile
Round Trip

** All persons under the age of 18 must be accompanied by an adult **

** Trips longer than 3 hours are charged an additional \$10.00 per hour regardless of age **

Scheduling

- ◆ Transportation is scheduled by appointment only and is on a first call basis.
- ◆ All vans are wheelchair accessible
- ◆ 72 hour advance notice is preferred
- ◆ The following information is needed when calling to make a transportation arrangement:
 - Name
 - Phone Number
 - Address
 - Date of Birth
 - Physician's/Name & Location
 - Physician's/Address & Phone Number
 - Date & Time of Appointment
 - Any Need for Special Assistance

