CAREDRIVE / HOSPITAL SERVICES

Hospital Partnership Setup Form

For Sydney hospitals & healthcare facilities | Editable PDF

01 Hospital & key contacts

Hospital / department

Primary contact name

Position / role

Work email

Direct phone

02 Transport requirements

Services of interest (tick all that apply)

- ☐ Medical appointments
- ☐ Hospital discharges
- ☐ NDIS transport
- ☐ Rehabilitation / therapy
- ☐ Recurring journeys
- ☐ Other

Estimated journeys per week (if known)

Usual booking notice (e.g. 24 hours)

Expected pickup / destination areas

Typical passenger support requirements

- ☐ Walking aids
- ☐ Folded wheelchair
- ☐ Support person
- ☐ Other

Other operational requirements / questions (no patient details)

03 Booking & billing preferences

Primary hospital booking contact

Accounts / invoicing email

Please return this form to your CareDrive contact. We will prepare a tailored service and pricing proposal. Completing this form does not create an agreement.