

Medical Appointments

Scheduling an appointment for you or your loved ones

A SIMPLE PROCESS

If you or your loved ones need medical treatment then follow these simple steps included in this document and Extended Help LLC will take care of the rest.

See Form on Page 3

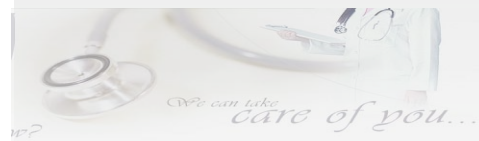


To best serve you, we need to make sure your concerns are addressed.

We need to know about you and the type of medical care that will be administered so we can best manage our resources for you. All information is handled discretely and confidentially.

Information Needed:

Medical Facilities	Address and all special entry instructions.
Doctor's Name	Doctor or Physician Name and Phone
Date & Time	We need to know the time and the type of care that will be provided
Primary Contact	Family or loved one to be contacted in an emergency
Home Address	We need to ensure that we know where to pick you up and if you have any special needs.



Continued on Page 2

All individuals needing transportation must be capable in administering their own medical prescriptions and medical care. You must have the motor skills to move, enter a vehicle, stand and walk with minimal assistance.

The Process:

1. We receive the information about you and your scheduling needs and at that time we will discuss fees involved.
2. We prefer that the appointment be registered two weeks in advance, if possible.
3. Immediately you and your family member will receive a confirmation by mail and e-mail about the transportation needs with a photo and profile of your assigned helper so you will be familiar with them.
4. The day before the appointment your helper will phone or leave a message to make sure you know their voice. We like to spend 5 to 10 minutes on the phone with you to make sure that everything works to your needs. We need 24-hour confirmation of any changes to the schedule to avoid possible charges.
5. Extended Help must receive payment for the services prior to the event or at the point of departure. We only accept checks, money orders or cash.
6. If you and a friend wish to travel together and if both parties have made the same appointment together then the expense can be shared.



Meeting new people can be stressful so we use photos and fun profiles to take the edge out of the trip.

Having your family member secure and calm before an appointment is important to us. We trust that our service will be an enjoyable part of the experience, including: timeliness, music choices, discussion topics, and friendly service.



Extended Help LLC

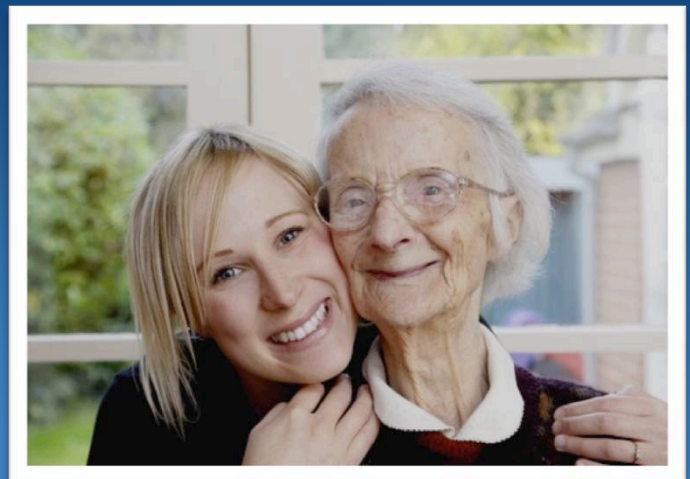
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Medical Visit Form



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Jenison, MI 49428
Phone/Fax: 616-457-2593

Person needing transportation:

*First Name: _____ *Last Name: _____

Age: _____ Date of Birth: _____

Pickup Location:

*Manor-Village Name: _____

*Address: _____ *City: _____ *State: Michigan Zip Code: _____

*Phone: _____

Primary contact for any emergency:

*First Name: _____ *Last Name: _____

Relationship to the Patient: _____

Address: _____ City: _____ State: Michigan Zip Code: _____

Preferred Contact Phone Number: _____

Medical Appointment Requirements:

*Medical Facility: _____

*Doctor: _____

*Address: _____ City: _____ Zip: _____

* Care Unit/Department: _____

*Date of Appointment: _____

*Time of the Appointment: _____ Estimated Duration of the Appointment: _____

*Type of Visit: _____

*Recovery support needed: _____

*Phone Number of the Doctor: _____