



SUMNER COUNTY REQUEST FOR TRANSPORT (HOSPITAL)

PATIENT'S NAME: _____

DOB _____ SS# _____

WEIGHT _____ HEIGHT _____

TRANSPORT DATE: _____ PICK-UP TIME: _____ ALS _____ BLS _____

TRANSFERRING FACILITY: _____ ROOM # _____

RECEIVING FACILITY : _____ ROOM# _____

Type of transfer: One Way [] Round Trip []

PATIENT'S DIAGNOSIS/REASON FOR TRANSPORT REQUIRING AN AMBULANCE

-DOES THE PATIENT HAVE ANY SPECIAL NEEDS (confined to stretcher, oxygen, other medical equipment, Etc)

INSURANCE: _____ POLICY#: _____

RESPONSIBLE PARTY: _____

**IF THE PATIENT HAS MEDICARE ONLY, WHO WILL BE RESPONSIBLE FOR PAYMENT?
ie (MEDICARE WILL NOT PAY FOR DISCHARGES WHEN THE PATIENT CAN TRAVEL BY OTHER MEANS)**

PRE-AUTHORIZATION #: _____

STAFF MEMBER REQUESTING TRANSPORT: _____ DATE: _____

(PLEASE PRINT LEGIBLY)

***** FOR NON EMERGENCY TRANSPORT FACILITY STAFF MUST CALL TO CONFIRM DATE AND TIME AVAILABILITY WITH OUR TRANSPORT COORDINATOR @ 615-451-6069. AFTER REQUEST FOR TRANSPORT HAS BEEN MADE THIS FORM MUST BE FAXED TO THE TRANSPORTATION COORDINATOR @ 615-451-6081 OR EMAILED TO TRANSPORT@SUMNEREMS.ORG FAILURE TO CALL AND SEND FORM COULD RESULT IN NO TRANSPORTATION BEING PROVIDED. CALLING TN CARRIERS, SOUTHEAST TRANS, OR ANY OTHER INSURANCE TO OBTAIN PRE AUTH DOES NOT SET UP TRANSPORTATION WITH SUMNER EMS IT SIMPLY PROVIDES US WITH BILLING AUTHORIZATION*****



REQUEST FOR NON EMERGENT TRANSPORT (HOSPITAL)

***CALL 615-451-6069 TO CONFIRM AVAILABILITY THEN SEND FORM TO TRANSPORT COORDINATOR -
FAX- 615-451-6081***