REQUEST FOR NON EMERGENT TRANSPORT
(SKILLED NURSING FACILITIES)

PATIENT'S NAME: _____

DOB_____SS#_____ WEIGHT_____ HEIGHT_____

IS THIS A DOCTOR'S APPT? YES_____ NO_____ MULTIPLE APPTS? YES____ NO____
(IF YES PLEASE SPECIFY EACH ADDRESS AND APPT TIME)

TRANSPORT DATE:_____ PICK-UP TIME:_____ APPT TIME;_____

TRANSFERRING FACILITY:_____ROOM #_____

RECEIVING FACILITY :_____ROOM#_____

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

PATIENT'S DIAGNOSIS/REASON FOR TRANSPORT REQUIRING AN AMBULANCE
(confined to stretcher, oxygen, other medical equipment, etc)

_____

INSURANCE:_____ POLICY#:_____

MEDICARE PART A SKILLED ? YES / NO PART A SKILLED DATES:_____

RESPONSIBLE PARTY:_____

IF THE PATIENT HAS MEDICARE ONLY, WHO WILL BE RESPONSIBLE FOR PAYMENT?
ie (MEDICARE WILL NOT PAY FOR DR APPTS. PROCEDURES OR DIAGNOSTICS)

PRE-AUTHORIZATION #:_____

STAFF MEMBER REQUESTING TRANSPORT:_____DATE:_____

(PLEASE PRINT LEGIBLY)

ALL REQUESTS FOR APPTS MUST BE MADE AND CONFIRMED 48 HOURS IN ADVANCE.

*** *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****