

**STAT EMS, Inc. Transportation Booking Form - NON-EMERGENCY 2004**

Phone: (810) 238.7672 Fax: (810) 424.9921

**Booking forms MUST be completed for EVERY request for transportation services.**

All administrative departments will use this form as a source of information related to our system efficiencies, operational logistics and customer service standard adherence.

\*\*\*\*\*

Incident #: \_\_\_\_\_ Date: \_\_\_\_\_ Time of Request: \_\_\_\_\_

<b>Name of Person Requesting Service:</b> Phone #: _____ Fax #: _____	Facility Requesting TNP: _____
Patient's Name: _____ DOB: _____ Patients Phone #: _____	
<b>Patient Primary Insurance Carrier: Contract #: _____ Group #: _____</b>	
Patients Secondary Insurance Carrier: Contract #: _____ Group #: _____	
Within PPS Coverage Timeframe (facilities only): YES or NO	

<b>Pick Up Location (facility/room#/address):</b> _____ _____ <b>Destination Location (facility/room#/address):</b> _____ _____	Special Instructions: Has Own Wheelchair: YES NO Needs Oversized WC: YES NO Needs Oxygen: YES NO _____ _____ _____
--	--

TNP outside Genesee Co? YES NO If YES, What is REASON? \_\_\_\_\_

<b>Initial Trip</b> Appointment Time: _____ Appointment Date: _____	<b>Return Trip</b> Estimated P/U Time: _____ Appt./Treatment End Time: _____	<b>Physician Ordering TNP:</b> Other Info: _____
---	--	---

Appointment Days:      MON                      TUE                      WED                      TH                      FRI                      SAT                      SUN

<b>Medical Necessity for Ambulance TNP:</b> _____ _____	<b>PCS Needed/Obtained</b> YES                      NO
---	---

Method of Payment: (circle one )	Ins. Billing      Credit Card      Invoicing (terms or no terms)      Cash      Voucher
Guarantor Information (name/address/ph #): _____	

STAT EMS is "Committed to People, & Changing Communities"; Thank You for your business!