

REQUEST FOR MEDICARE PAYMENT – AMBULANCE

I authorize any holder of medical information about me to release to the Social Security Administration and Health Care Financing Administration any HMO/PPO or other private insurance or its intermediaries or carriers any information needed for this or a related claim. I request payment of medical insurance benefits to the medical service provider.

I also acknowledge that I have been given a copy of my privacy rights. Patient Given Privacy Rights Copy

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY X	RELATIONSHIP TO PATIENT
PATIENT UNABLE TO SIGN DUE TO	EMS PERSONNEL SIGNATURE & CREDENTIALS REQUIRED

S.S. # □□□-□□-□□□□	Medicare □□□-□□-□□□□□-□
Medicaid □□□□□□□□	BC-BS Alpha Prefix □□□
Commercial/Auto/Workman's Comp Address _____ _____ Phone Number _____ Contract/Policy/Claim Number _____ Group _____ Policy Holder _____	Contract □□□-□□□□-□□□□ Group _____ Policy Holder _____ Responsible Party Name _____ Relationship to Patient _____ Address and Phone (If different) _____ _____ _____ _____

CHARGES	Base Rate	BLS	LALS	ALS	ALSII		
Loaded Mileage							
IV							
Monitor							
Intubation							
Medication Admin							
AED Pads							
Other Charges							
ALS ASSESSMENT		YES	NO				
Justification							
TOTAL							

REFUSAL OF TREATMENT AND/OR TRANSPORT

- I HEREBY DECLINE:**
- TREATMENT BY THE RESPONDING EMS CREW
 - TRANSPORTATION BY AMBULANCE TO A MEDICAL FACILITY
 - TRANSPORTATION TO THE FACILITY RECOMMENDED BY THE EMS CREW/MEDICAL CONTROL AS APPROPRIATE TO MY CONDITION

I acknowledge that the EMS unit indicated on the reverse side of this form responded and offered treatment and transportation to an appropriate medical facility and I have declined as indicated above. I understand the consequences of my choice may threaten my life and/or health up to and including my death. I release all responding personnel and agencies from any liability for any harm or damage occurring as a result of them respecting my wishes.

Patient
 Signature _____
 Time _____ Date _____
 Witness _____ Witness _____