

Liberty Ambulance Service Non-Emergency Transportation Request Form

Please fax to 904-724-0226.

Incomplete forms will **NOT** be accepted!

ALL applicable fields must be completed and legible.

Patient Name _____ M F (circle one)

Date Of Birth _____ Social Security # _____

Pick Up Date _____ Pick Up Time _____ Appt Time _____

Pick Up Facility Name _____

Facility Address _____ Room # _____

Drop Off Location _____ Room # _____

(Please include telephone #'s if pick up or drop off locations are private residences.)

Reason for Transport _____

Payment Method: _____ Bill facility _____ Bill Patient

Complete if patient is being billed:

Responsible Party Name _____ Telephone # _____

(Liberty will contact responsible party for approval before transportation)

Transportation Type required (check one):

Wheelchair Van _____

Stretcher Van _____

Person Requesting Transport: _____ Phone # _____ Fax # _____

(This individual must be authorized by the facility administrator to schedule transports)

Wheelchair and Stretcher Vans are **NOT** covered by insurance. If you have questions regarding payment, please feel free to contact our billing office at 904-805-0293.

Liberty employee verifying payment info: _____

(Revised 09/01/2016)