

# Liberty Ambulance Service

## Non-Emergency Transport Request Form

### Non-Medical Stretcher – BLS - ALS

Stretcher Van's are not covered by insurance. If you have questions regarding payment, please feel free to contact our billing office at

904-805-0293

Revised 6-13-23

Please complete form and fax to 904-724-0226

Incomplete forms will **NOT** be accepted.

All applicable fields must be completed and legible.

Transport Date: \_\_\_\_\_

PLEASE PRINT CLEARLY

Patient Name \_\_\_\_\_ M \_\_\_ F \_\_\_ (circle one)

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Pick up date \_\_\_\_\_ Pick up time \_\_\_\_\_ Appt Time \_\_\_\_\_

Pick up Facility Name \_\_\_\_\_ 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 being billed:** Have patient contact our office to pay via credit card.

Responsible Party Name \_\_\_\_\_ Contact # \_\_\_\_\_

**Complete if facility being billed:**

Where to send statement:

Email address \_\_\_\_\_

Billing address \_\_\_\_\_

Liberty employee verifying payment information: \_\_\_\_\_