1851 Aucutt Rd, Montgomery, IL 60538
Dispatch/Transport Fax: 888.972.4996
Billing Phone: 630.701.1198 | Dispatch Phone: 630.898.2117

RECURRING AMBULANCE TRANSPORATION SUPPLEMENTAL FORM v1.1

This form required for all recurring ambulance transportation requests, ***in addition*** to the Ambulance Transport Request Form. Failure to provide adequate information & supporting documents within six (6) business days of transportation start may result in suspension/cancellation of transports.

Facility: _____ Return fax #: _____

Patient name: _____

Destination: _____

Medicare MBI: _____ Medicare #: _____ Social Security #: _____

Commercial #: _____ Group #: _____ Insurance company: _____

Starting date of transports: _____ Date of last transport, if not indefinite: _____

Nature of Recurring Appointment: ☐-Dialysis | ☐-Radiation | ☐-Chemotherapy | ☐-Hyperbaric Treatment ☐-Wound Debridement | ☐-Other: _____

Frequency of Transport:

Weekly every: ☐-Monday **|** ☐-Tuesday **|** ☐-Wednesday **|** ☐-Thursday **|** ☐-Friday **|** ☐-Saturday
Other/non-weekly parameters:

	PT's Primary Physician/Provider	Ordering Physician/Provider (if different)
Name:		
Phone Number:		
Fax Number:		

Is the patient currently being transported (or has been transported in recent past) by another service?
☐-No **|** ☐-Yes, transported by: _____
Has the PCS been completed, **signed by patient's PCP or ordering physician**, and faxed to Ridge?
☐-No **|** ☐-No, accompanying this form **|** ☐ Yes, on: _____
Accompanying supporting documents & actions to expedite process:

- ☐ - Face sheet/Admission record
- ☐ - Supporting diagnosis
- ☐ - Activities of Daily Living / History & Physical Examination
- ☐ - Mobility Assessment **(Required Prior to Transport)**
- ☐ - Appointment set for independent nurse to perform assessment of patient
- ☐ - Transport Request Form

****REQUIRED OF PERSON COMPLETING FORM****

Name (must be legible):_____Phone#:_____
Signature:_____
Credentials: ☐ Reg. Nurse | ☐ Phys.-MD/DO | ☐ LTC Med. Director | ☐ Phys. Asst. | ☐ Other: _____