



SUMNER COUNTY EMS

Request for Transport
Appointments/Diagnostics/Procedures)

Fax: 615-451-6081
Email: transport@sumnerems.org
Phone: 615-451-6069

PATIENT'S NAME: _____

DOB _____ SS# _____ WEIGHT _____ HEIGHT _____

IS THIS A DOCTOR'S APPT? YES ___ NO ___ MULTIPLE APPTS? YES ___ NO ___
(If yes, please specify each address & appt. time.)

TRANSPORT DATE: _____ PICK-UP TIME: _____ APPT. TIME: _____

TRANSFERRING FACILITY: _____ ROOM # _____

DESTINATION: _____

Type of transfer: One Way [] Round Trip []

PATIENT'S DIAGNOSIS/REASON FOR TRANSPORT REQUIRING AN AMBULANCE:

Does the patient have any special needs (confined to stretcher, oxygen, other medical equipment, etc.)?

INSURANCE: _____ POLICY#: _____

MEDICARE PART A SKILLED? YES ___ NO ___ PART A SKILLED DATES: _____

RESPONSIBLE PARTY: _____

**If the patient has Medicare only, who will be responsible for payment?
(i.e.. Medicare will not pay for discharges when the patient can travel by other means.)**

PRE-AUTHORIZATION #: _____

**Calling TN Carriers, Verida or another other insurance to obtain pre-authorization does NOT
set up transportation with Sumner EMS. It simply provides us with billing authorization.**

STAFF MEMBER
REQUESTING TRANSPORT: _____ DATE: _____

(PLEASE PRINT LEGIBLY)

**To Request for Transport: This form MUST be faxed or emailed to the Transport Coordinator
(Fax 615-451-6081 or Email transport@sumnerems.org).**

**For Non-Emergency Transport: Facility staff MUST contact the Transport Coordinator AT LEAST 48
HOURS IN ADVANCE to confirm the request was received and to ensure staff is available for the date and
time requested (615-451-6069).**

Failure to call and send the form could result in no transportation being provided.