



**SUMNER COUNTY EMS**

Request for Transport  
(Hospital)

Fax: 615-451-6081  
Email: [transport@sumnerems.org](mailto:transport@sumnerems.org)  
Phone: 615-451-6069

PATIENT'S NAME: \_\_\_\_\_

DOB \_\_\_\_\_ SS# \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_

TRANSPORT DATE: \_\_\_\_\_ PICK-UP TIME: \_\_\_\_\_ OR [ ] "WILL-CALL" ALS \_\_\_ BLS \_\_\_

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#: \_\_\_\_\_

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](mailto:transport@sumnerems.org)).**

**For Non-Emergency Transport: Facility staff MUST contact the Transport Coordinator 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.**