SUMNER COUNTY EMS

Request for Transport
(Hospital)

Fax: 615-451-6081
Email: 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).

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.