



Service Request Guidelines

Emergency Service

In you are having an Emergency call 911 immediately.

Non-Emergency Service

1-877-972-0999

We need the following information when you call to request an ambulance. Having this information ready and available will speed up the process and help insure that your insurance will cover the cost.

Patient Name: _____ Date of Birth _____

From: _____ To: _____

Type of Service: _____

If Destination is the Emergency Room

Why are they going to the Emergency Room _____

Doctors Name _____

Insurance Information: _____

If the Destination is somewhere other than an Emergency Room:

Is the Trip Medically Necessary **Y** **N** PCS Form Signed **Y** **N**

Insurance Authorization # _____

If you do not have authorization or can document medical necessity your claim may be denied by your insurance and you will be responsible for the bill.

You can reduce your risk by ordering a Concierge Ambulance for a much lower rate however you will be responsible for the bill as Concierge is not an insurance benefit.

