

Required Information for Ambulance Billing

Good information is the key to effective collections. Complete information will lead to:

- ❖ Faster receipt of payment
- ❖ Less uncollectible accounts
- ❖ Less contact with the patient to try to retrieve missing information

As a guideline, here are the minimum required items we need on each transport:

- ❖ Patient Name
- ❖ Patient Address (including city, state and zip code)
- ❖ Date of transport
- ❖ Incident Location of transport (street address, city, state and zip code)
- ❖ Level of service
- ❖ Charges
- ❖ Pre hospital Care Report, specifically the portion explaining the reason for the call, treatment provided, assessment, etc. (SOAP format).

Not mandatory, but highly recommended:

- ❖ Patient Date of Birth (mm/dd/yyyy)
- ❖ Patient Social Security Number
- ❖ Insurance information
- ❖ Hospital Admitting Form

IMPORTANT!

The patient's signature is also required, although we do not need a copy for our billing. It is the responsibility of the Fire District to maintain patient signatures which authorize billing and now signify compliance with the new HIPAA regulations.