



Required Information for Ambulance Billing

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

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

MINIMUM REQUIRED ITEMS

- Patient Name**
- Patient Address** (including city, state and zip code)
- Date and Time of Transport**
- Location of Transport pick up point** (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)
- Location of Transport destination** (full name of facility, city, state, and zip code)
- Physician Certification Statement** (for non-emergency interfacility transfers)

Not Mandatory – Highly recommended

- Patient Date of birth** (mm/dd/yyyy)
- Patient Social Security Number**
- Patient phone number** (home/cell)
- Insurance Information**
- Hospital Admitting Form** (Hospital Face Sheet)
- Name of Parent/Guardian** (if available, for patients who are minors)

IMPORTANT!

Patient Signature

The patient's or other authorized person's signature is also required to authorize insurance billing. It is the responsibility of the Fire District to maintain signatures which authorize billing and which signify compliance with the HIPAA regulations. The billing office must receive a copy of any signatures obtained so that we can determine if further steps must be taken prior to billing insurance.

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