



TRANSPORTATION

////// The vital link in community health care ////

BENEFICIARY SIGNATURE FORM

- NON-EMERGENCY (box A) CRITICAL CARE (box A) EMERGENCY (box B)

Patient Name: Run Number: Destination Name: Date of Transport

I acknowledge that I am legally responsible for the ambulance services provided to me. I request payment of authorized Medicare benefits and/or other insurance benefits be made on my behalf to Hart To Heart Ambulance Service Inc. for any ambulance services and supplies furnished to me by Hart To Heart Ambulance Service Inc., now or in the future.

I acknowledge that I have been provided a copy of Hart To Heart Ambulance Service Inc.'s Notice of Privacy Practices on this date.

Signature of Patient Date

By signing below, I certify that I am one of the following individuals and that I authorized to sign on the patient's behalf (check one):

- Patient's legal guardian (42 C.F.R. §424.36(b)(1)). Relative or other person who receives governmental benefits on the patient's behalf (42 C.F.R. §424.36(b)(2)). Relative or other person who arranges patient's treatment or manages the patient's affairs (42 C.F.R. §424.36(b)(3)). Representative of institution that furnished care or other services to the patient (42 C.F.R. §424.36(b)(4)).

Signature of Representative Printed Name of Representative Date

CREW SIGNATURE

Complete this section only if you are unable to obtain the signature of the patient.

Reason Patient could not sign:

By signing below, I certify that the above named patient was physically or mentally incapable of signing at the time of transport, and that none of the individuals listed in (42 C.F.R. §424.36(b)(1)-(4)) was available or willing to sign the claim on behalf of the beneficiary.

Crew Signature Date

A

TO BE COMPLETED FOR NON-EMERGENCY TRANSPORTS ONLY SIGNATURE OF REPRESENTATIVE OF INSTITUTION INVOLVED IN PATIENT CARE

This section is to be completed by a representative of the sending or receiving facility. Note: The crew must also complete the "Crew Signature" section above.

I am a representative of the institution name below. I certify that our institution has furnished care or other services to the above named patient in the past. In the event you are unable to obtain the signature of the patient or another authorized representative, pursuant to (42 C.F.R. §424.36(b)(4)), I hereby sign on the patient's behalf.

Institution Name Date

Signature of Representative Printed Name of Representative Date

By signing above, Hart to Heart Ambulance releases the facility from all financial responsibilities for services rendered by Hart to Heart they would not otherwise be responsible for.

B

TO BE COMPLETED FOR EMERGENCY TRANSPORTS ONLY

This section is to be completed by a representative of the receiving facility, whenever you are unable to obtain the signature of the patient or an authorized representative. Note: The crew must also complete the "Crew Signature" section above.

I certify that the above named patient was received by our facility on the date and time set forth above.

Institution Name Date

Signature of Representative Printed Name of Representative Date

By signing above, Hart to Heart Ambulance releases the facility from all financial responsibilities for services rendered by Hart to Heart they would not otherwise be responsible for.