Patient Name: Run Number:

Destination Name: Date of Transport:

time AT destination:

**SECTION I – PATIENT SIGNATURE**

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 **[insert organization name]** for any ambulance services furnished to me by **[insert organization name]**, whether in the past, now or in the future. I authorize any holder of medical information about me or other relevant documentation about me to release to the Centers for Medicare and Medicaid Services and its agents and contractors, any and all appropriate third party payers and their respective agents and contractors, as well as **[insert organization name]**, any information or documentation in their possession needed to determine these benefits and/or the benefits payable for related services, whether in the past, now or in the future.

I acknowledge that I have been provided with a copy of **[insert organization name]** Notice of Privacy Practices on this date. In the event I have not been provided with a copy of **[insert organization name]** Notice of Privacy Practices on this date, I hereby consent to the electronic delivery of said Notice of Privacy Practices.

Signature of Patient Date

**SECTION II – REPRESENTATIVE SIGNATURE**

Reason Patient could not Sign (crew to complete):

By signing below, I certify that I am one of the following individuals, and that I am authorized to sign on the patient’s behalf. I understand that I am signing in order to permit the above-named company to submit a claim for its services to Medicare and/or any other third-party payers. **My signature is not an acceptance of financial responsibility for the patient.**

(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

**SECTION III – RECEIVING FACILITY SIGNATURE**

**Complete this section only if you are unable to obtain the signature of the patient or authorized representative.**

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 Printed Name Date

Reason Patient could not Sign (crew to complete):

I certify that the above named patient was received by our facility on the date and time set forth above. In the event you are unable to obtain the signature of the patient or another authorized representative, I hereby sign on the patient’s behalf in order to permit **[insert organization name]** to submit a claim to Medicare and/or any other third-party payers. **My signature is not an acceptance of financial responsibility for the patient.**

Signature of Receiving Facility Representative Date

Printed Name of Receiving Facility Representative Title/Position

This Sample Signature Form is intended to assist you in complying with the beneficiary signature requirement, and will cover both emergency and non-emergency transports. This Sample Signature Form can be used in its current form by simply inserting the name of your organization in each of the bracketed areas labeled “**[insert organization name]**”, or it can be customized or modified to suit the needs of your organization. Please note that this form is intended to be completed from top to bottom.

**INSTRUCTIONS FOR COMPLETING THIS FORM**

Step 1: The ambulance crew should complete the top portion of the form, listing: (1) the patient’s name, (2) the ambulance company’s internal run number, (3) the name of the destination, (4) the date of transport and (5) the approximate time the crew arrived at the destination.

Step 2: The ambulance crew should attempt to obtain the signature of the patient at the time of transport in Section I. **If the patient’s signature is obtained at the time of transport, the rest of this signature form does not need to be completed.**

If the patient is physically or mentally incapable of signing at the time of transport, the crew should then move on to Section II – Representative Signature. If the patient is capable of signing, but refuses to do so, the crew should list “Patient Refused” or similar language on the line for the patient signature.

Step 3: If the patient is physically or mentally incapable of signing at the time of transport, the crew should list the reason in the space provided at the top of Section II. The crew should then attempt to obtain a signature on the patient’s behalf from an authorized person. Authorized persons include: (1) the patient’s legal guardian, (2) a relative or other person who receives government benefits on the patient’s behalf, (3) a relative or other person who arranges for the patient’s treatment or otherwise manages the patient’s affairs, and (4) a representative of a facility that has furnished care to the patient (which can include an SNF or a discharging hospital). The crew should make sure that the authorized person checks the appropriate box identifying why they have the authority to sign on the patient’s behalf. **If a signature is obtained from an authorized representative at the time of transport, the rest of this signature form does not need to be completed.**

If there is no authorized representative available or willing to sign on the patient’s behalf, the crew should move on to Section III – Receiving Facility Signature.

Step 4: This section should only be completed if: (1) the patient was physically or mentally incapable of signing and (2) there was no authorized person available or willing to sign on the patient’s behalf. The crew should acknowledge this by signing (and dating) the crew certification in the top portion of this box. The crew should also list the reason why the patient could not sign in the space provided. The crew should then attempt to obtain a signature from a representative of the receiving facility. The representative of the receiving facility is signing to acknowledge that the patient was received by that facility on the date and time the crew listed at the top of the form. **If a signature is obtained from a representative of the receiving facility at the time of transport, you have met the exception to the patient signature requirement for ambulance transports.**

**Note:** If the crew is unable to obtain a signature from a representative of the receiving facility (but has otherwise completed Steps 1 – 3 above), you can still meet the exception to the patient signature requirement for ambulance services by obtaining a secondary form of verification from the receiving facility at a later date. Examples of acceptable secondary forms of verification include a hospital face sheet, SNF admission record or other official record of that facility that lists the patient’s name and the date and time they were received by that facility. Secondary forms of verification do not need to be signed by a representative of the receiving facility.