



# Non-Emergent Ambulance Authorization Request Form

\*Indicates a required field

Requirements: *Clinical information and supportive documentation should consist of Physician Certification Statement and clinical documentation. Notification is required for any date of service change.*

**Expedited Requests:** If the standard time for making a determination could seriously jeopardize the life and/or health of the member or the member's ability to regain maximum function, please call 1-866-597-8417.

Requestor Name: \_\_\_\_\_ Fax\*: \_\_\_\_\_ Phone\*: \_\_\_\_\_

## MEMBER INFO (Please Print)

Member ID*: _____		_____	
Last Name*: _____	First Name, MI*: _____	Date of Birth*: ____ / ____ / ____	

## CERTIFYING/REQUESTING PROVIDER (Please Print)

NPI/Tax ID*: _____		_____	
Provider Name*: _____		Address: _____	
City, State, ZIP: _____	Fax*: _____	Phone: _____	

## AMBULANCE COMPANY NAME (Please Print)

NPI/Tax ID*: _____		_____	
Provider Name*: _____		Address: _____	
City, State, ZIP: _____	Fax*: _____	Phone: _____	

## REQUESTED SERVICES

Place of Service: ☐ Ambulance - Land (41)

## ADDITIONAL SERVICE INFORMATION

Date of Transportation\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
☐ Round Trip or ☐ One Way      Recurrent? ☐ Yes ☐ No

## SERVICE AND DIAGNOSIS CODE(S)\*

- ☐ A0426 Ambulance service, advanced life support, non-emergency transport, (ALS)  
☐ A0428 Ambulance service, basic life support, non-emergency transport, (BLS)  
☐ A0425 Ground mileage, per statute mile: Total Miles: \_\_\_\_\_

ICD-10: \_\_\_\_\_ ICD-10: \_\_\_\_\_ ICD-10: \_\_\_\_\_

Fax completed form to: 877-235-1650