



Form is **VOID** if the *Signed* and *Printed* area at bottom is **NOT** complete  
Prior Transportation Notification to Client/Responsible Party

Patient Name:

Date of Service:

Origin:

Destination:

Service may not be covered by your health insurance carrier when such service is NOT deemed *Medically Necessary*. Listed below are some of the reasons that insurance carriers may deem services NOT covered:

For the following reasons: (Check applicable lines)

- Insurer may not cover ambulance transport to a hospital for the services, which could be provided at residence/extended care facility (e.g. catheter change, debridement, NG tube replacement). *Such services require at least one attempt at origin and must be documented.*
- Insurer may not cover transport to preferred facility (i.e. Extended mileage will not be covered when the closest appropriate facility is able to provide adequate services for the patient). Base mileage may be covered; however, excess mileage may be the responsibility of the patient.
- Insurer may not cover ambulance transport for patient's convenience (e.g. Patient's doctor is at another facility and/or patient wishes to be closer to family, when current facility is equipped to treat condition, and the transport is not deemed medically necessary).
- Transport to freestanding clinic/diagnostic facility, or other non-approved destination for appointments may not be covered. (e.g. radiation, chemotherapy, MRI/CAT/X-Ray imaging, Labs, Dr. Office).
- Insurer may not cover transport for patients in a wheelchair.
- No insurance known or available at time of transport. Patient is responsible to notify Noga Ambulance Service, Inc. if coverage becomes available (e.g. **PA ACCESS**).
- Other, please specify: \_\_\_\_\_

Therefore, we are required to give you notice that the service we are providing today may not be covered. You will be responsible for payment. Copies of your signed notice are available by contacting our billing office at (724) 652-8300.

- ALS Transport Rate (non-emergent): \$872.00
- BLS Transport Rate (non-emergent): \$536.00
- Ambulance Mileage Rate: \$14.73 per/mile
- Wheelchair Van Transport Rate: \$39.00 one-way + \$2.75 per/mile after 5 miles

I am the listed Client or I am the responsible party for the listed Client. Noga Ambulance Service, Inc. has notified me prior to receiving services that I may be responsible for charges.

**Signed** Client Name or Responsible Party for Client

**Printed** Client Name or Responsible Party for Client