

# HEALTHCHOICE

3545 NW 58<sup>th</sup> St., Ste. 500, Oklahoma City, OK 73112  
Phone: 1-405-717-8879 or too-free 1-800-543-6044  
FAX: 1-405-717-8947 or 1-405-717-8935

## AMBULANCE REQUEST

**This form must be completed and accompany all requests. Incomplete forms will not be reviewed.**

Billing Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

TIN: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Member: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Transport Origination: \_\_\_\_\_

Transport Destination: \_\_\_\_\_

Date of Service: \_\_\_\_\_

ICD Code(s): \_\_\_\_\_

HCPCS Code(s): \_\_\_\_\_

CPT Code(s): \_\_\_\_\_

Indication for Ambulance Transfer:  Emergent  Non-Emergent  Ground  Air

Comments: \_\_\_\_\_

**Note:** Please provide a physician's letter of medical necessity for transfer or clinical notes as documentation for request of ambulance services.

\*\*\*\*\*FOR HCMD USE ONLY\*\*\*\*\*

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**NOTE:** These Benefits are applicable only if the patient is an eligible enrolled member of a HealthChoice plan. All benefits are subject to the deductible, coinsurance and policy provisions. Please verify benefits and eligibility by calling the medical claims administrator at 1-405-416-1800 or toll-free 1-800-782-5218.

**Medicare Patients:** If HealthChoice is the supplement insurance carrier, authorization from HealthChoice is not required. Please contact Medicare.