

KOOTENAI COUNTY EMS SYSTEM

Transport Request Form

Call Dispatch Local: 208-446-1854

Toll Free: 800-522-2411

Patient _____

DOB _____

Pick up Location _____

Room # _____

Transport Destination _____

Date of Transport _____

Time of Transport _____

Reason for Transfer/Diagnosis _____

IV Medication Administration Cardiac Monitor Ventilator Blood Products

IV Infusion by Volume Controlled Pump Chest Tube Monitoring CPAP/BIPAP Intubated

Other _____

Vital Signs: BP _____ HR _____

RR _____ O2 Sats _____

Person Requesting Transport _____ Phone Number _____

Insurance, if yes, please fax insurance information/facesheet to KCEMSS @ 208-930-4259.

Hospice Pay

Private Pay - If YES,

Responsible Party Name: _____

Responsible Party Billing Address: _____

*Estimated Cost of Transport \$ _____

*I/we the undersigned acknowledges that services provided to the above patient by KCEMSS will be billed to the above responsible party. I/we the undersigned agree to pay for all services rendered by KCEMSS. *This estimated cost is not a guarantee of cost for services. The above estimate is based on unconfirmed information from facility or patient and therefore may need to be adjusted if the information is not accurate.*

Name (Print) _____ Signature _____ Date _____

Kootenai County Emergency Medical Services System • 208-930-4224 • Fax 208-930-4259



To provide exceptional, compassionate and innovative medical care and service to the citizens and visitors of Kootenai County.