

# KOOTENAI COUNTY EMS SYSTEM

## Transport Request Form

**\*\*FAX THIS FORM, PCS FORM, & FACESHEET PRIOR TO TRANSPORT FOR  
SCHEDULING PURPOSES ~ 208-930-4259\*\***

_____ Patient	_____ DOB	
_____ Pick up Location	_____ Room #	_____ Pick up Time
_____ Transport Destination	_____ Date of Transport	_____ Appointment Time
_____ Reason for Transfer/Diagnosis	_____ ICD 10 Codes	

**Please indicate the needs of the patient DURING transport.**

- IV Medication Administration    Cardiac Monitor    Ventilator    Blood Products
- IV Infusion by Volume Controlled Pump    Chest Tube Monitoring    CPAP/BiPAP    Intubated
- Other \_\_\_\_\_

**Person Requesting Transport** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

- Primary Insurance, Pre-Authorization Approval # \_\_\_\_\_
- 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.*