



Transportation Authorization Form

Phone: (813) 930-0911

Fax: (813) 936-3299

(Facility Pay/Self Pay)

- **“Self Pay” requires payment prior to transport. Please contact us for payment arrangements.**

Type of Transport

Wheelchair

Patient can sit in a wheelchair unsupervised for an extended period of time.

Non-Medical Stretcher

Patient needs stretcher transport with **NO** medical monitoring.

Ambulance

Patient requires medical monitoring.

Patient Information

Last Name: _____

Social Security# _____ - _____ - _____

First Name: _____

DOB ____/____/____

Trip Details

Transport From: _____

Room# _____

Transport To: _____

Suite# _____

Appointment Time(s): _____

Date _____ to _____

Facility Information

Facility Name: _____

Care Coordinator: _____

Phone #: _____

Signature of Authorized Facility Representative Guaranteeing Payment:

X _____

Date: ____/____/____