

INSTRUCTIONS: SAMPLE AMBULANCE SIGNATURE FORM VERSION 2.1

Sample Ambulance Signature Form - Version 2.1

Patient Name: _____ **Transport Date:** _____

Printed Name and Title of Representative

SECTION I - PATIENT SIGNATURE

The patient and legal guardian (if applicable) or nearest possible relative of patient (if the patient is unable to sign) shall sign this form.

I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by [ABC] now or in the past, on the date of this signature, and I agree to reimburse the ambulance as billing. I understand that I am financially responsible for the services and expenses not paid by my insurance. I agree to indemnify [ABC] and persons that I receive benefits from insurance or any other reimbursement for the services provided to me and waive all rights to such payments by [ABC]. I authorize [ABC] to accept payment under any other insurance on my behalf without further authorization. I authorize and consent to the release, transmission, filing or other use of information used to support such information to [ABC] and its billing services, for Claims to Medicare and Medicaid carriers, and for any other purposes permitted to me by [ABC], now or in the past, or in the future. I am authorizing [ABC] to obtain medical, insurance, billing and other relevant information about me from any party, individual or other person for the purposes of billing.

If the patient signs with an "X" or other mark, a witness should sign below.

1. Patient Signature or Mark _____ Date _____ Witness Signature _____ Date _____

SECTION II - AUTHORIZED REPRESENTATIVE SIGNATURE

Complete this section only if the patient is physically or mentally incapable of signing.

On the line below, explain the circumstances that make it impractical for the patient to sign:

I am signing on behalf of the patient to authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by [ABC] now or in the past, on the date of this signature, by signing below, I acknowledge that I am one of the authorized signatories listed below. My signature is not an acceptance of financial responsibility for the services rendered.

Authorized representatives include any of the following individuals:

Patient's legal guardian
 Relative or other person who receives social security or other governmental benefits on behalf of the patient
 Relative or other person who arranges for the patient's medical or healthcare other responsibility for the patient's care
 Representative of an agency or institution that did not furnish the services for which payment is claimed (i.e., ambulance services) but furnished other care, services or assistance to the patient

Printed Name and Title of Representative _____ Date _____

SECTION III - AMBULANCE CREW AND RECEIVING FACILITY SIGNATURES

This section shall be completed by the ambulance crew and the receiving facility.

1. Ambulance Crew Member Representative Signature
 My signature on this form was obtained by receipt of my driver's license and I understand that I am financially responsible for the services and expenses not paid by my insurance. I agree to reimburse the ambulance as billing. I understand that I am financially responsible for the services and expenses not paid by my insurance. I agree to indemnify [ABC] and persons that I receive benefits from insurance or any other reimbursement for the services provided to me and waive all rights to such payments by [ABC]. I authorize [ABC] to accept payment under any other insurance on my behalf without further authorization. I authorize and consent to the release, transmission, filing or other use of information used to support such information to [ABC] and its billing services, for Claims to Medicare and Medicaid carriers, and for any other purposes permitted to me by [ABC], now or in the past, or in the future. I am authorizing [ABC] to obtain medical, insurance, billing and other relevant information about me from any party, individual or other person for the purposes of billing.

Printed Name and Title of Ambulance Crew Representative _____ Date _____

2. Receiving Facility Representative Signature
 My signature on this form was obtained by receipt of my driver's license and I understand that I am financially responsible for the services and expenses not paid by my insurance. I agree to reimburse the ambulance as billing. I understand that I am financially responsible for the services and expenses not paid by my insurance. I agree to indemnify [ABC] and persons that I receive benefits from insurance or any other reimbursement for the services provided to me and waive all rights to such payments by [ABC]. I authorize [ABC] to accept payment under any other insurance on my behalf without further authorization. I authorize and consent to the release, transmission, filing or other use of information used to support such information to [ABC] and its billing services, for Claims to Medicare and Medicaid carriers, and for any other purposes permitted to me by [ABC], now or in the past, or in the future. I am authorizing [ABC] to obtain medical, insurance, billing and other relevant information about me from any party, individual or other person for the purposes of billing.

Printed Name and Title of Receiving Facility Representative _____ Date _____

TERMS OF USE

This is a Sample Form only, designed to assist ambulance services in complying with applicable Medicare signature requirements. This Form and the instructions are not legal advice and no attorney-client relationship is formed with Page, Wolfberg and Wirth (“PWW”) by their use. This is not an official form of any governmental agency and may not reflect requirements of state law where you live. Any individual or entity using this Form (“User”) or any modified version of it does so with the understanding that the User bears all responsibility for compliance with all applicable laws and regulations, and the User agrees that the designers of this Form are not responsible for its use by any User. Do not use this Form or any modification of it if you do not agree to the terms and conditions of this license. This Form may be modified by the User to meet the User’s needs, though we bear no responsibility for any modifications. This Form is licensed only for use by individual ambulance services; and should not be forwarded to any other organization. Any other use or distribution requires our express written permission.

ABOUT THIS FORM

Who Should Use This Form

ALL ambulance services, providers and suppliers alike, should use this Sample Ambulance Signature Form. There is now only one signature form for ALL services (providers and suppliers), and all three Sections now apply to both emergency and non-emergency transports.

Customizing This Form

Users should delete the title “Sample Ambulance Signature Form – Version 2.1” and replace it with a title appropriate to their organization, such as “ABC Ambulance Patient Signature Form” or, Users may use a title such as “Assignment of Benefits and Privacy Acknowledgment Form.” We have used “ABC Ambulance” as a generic company name; be sure to replace this with the proper name of your organization throughout this Form.

COMPLETING THIS FORM

First, an ambulance service representative should fill out the **Patient Name** and **Transport Date** on the top of the Form. Then, **ONE** of the three sections on this Form must be completed. These sections must be considered sequentially from top to bottom (i.e. the crew should start with Section I and move to Section II and then Section III - *only when appropriate*). Only when the requirements of the Section cannot be met should the ambulance crew move on to the next Section. The ambulance crew (or patient) is NOT free to choose whichever Section it wishes for completion because Medicare regulations dictate who may sign and when.

SECTION I

Whenever the patient is capable of signing the Form, the ambulance crew must, at the time of service, get the patient (if over 18) to sign the Form in Section I. **Note:** If the patient is a minor, the parent or legal guardian of the patient should sign the Form in Section I.

The patient should not sign if he or she is mentally or physically incapable of signing his or her name. Some examples of when a patient is physically or mentally incapable of signing include: an unconscious patient, a patient who is mentally incapacitated, a patient under the influence of drugs or alcohol, a patient who is restrained and unable to sign, in great pain, or otherwise in a condition that the patient should not be asked to transact any business. If the patient is physically or mentally incapable of signing for any reason, the patient should not sign, and the crew member should then attempt to get a signature of an authorized representative in Section II.

If the signature of the patient is illegible or they have signed with an "X", a witness is required to sign the document with both their name as well as their address.

If a patient signature is obtained in Section I, no other sections of the Form need to be completed.

SECTION II

Only if the patient is physically or mentally incapable of signing should Section II be completed. In these cases, the ambulance crew should, at the time of service, make every effort to locate one of the authorized signers who are identified in this Section and get that person to sign (in the numerical order listed from (1) to (4); i.e. if available, a legal representative is preferred over a facility representative). The Medicare regulations permit only the authorized representative signers listed in this Section to sign on the patient's behalf when the patient is physically or mentally incapable of signing.

Before obtaining a signature from an authorized representative, the crewmember or representative signer must document the circumstances that make it impractical for the patient to sign. They should document these circumstances on the first blank line in Section II (in accordance with 42 CFR §424.37). Then, the crewmember or representative signer should check the appropriate box which accurately identifies the representative signer's relationship to the patient. Finally, the authorized signer should sign his or her name and provide a printed name and address in Section II. Make sure that all of the information is complete in Section II when obtaining the signature of an authorized representative signer.

If the signature of an authorized representative is obtained on behalf of the patient in Section II, Section III does not need to be completed.

SECTION III

Section III should **only** be completed when the patient is physically or mentally incapable of signing in Section I, **and** no other authorized representative (identified in Section II) was available or willing to sign at the time of service.

Medicare requires three types of documentation to submit a claim for ambulance transports in cases where neither the patient (Section I) nor an authorized representative (Section II) could sign and the ambulance service obtains a signature from a receiving facility. Section III covers these three types of documentation.

- 1) The first is a signed, contemporaneous (at the time of service) statement from an ambulance crew member who was present at the time the ambulance services were delivered. This is Part A of Section III. The crewmember completing Section III must sign his or her name and legibly print his or her name and credentials on the appropriate lines in Part A of Section III.
- 2) The second type of documentation Medicare requires is documentation of the date and time the patient was taken to the receiving facility, as well as documentation of the name and location of that facility. That information may also be contained on a “trip sheet” or patient care report (PCR). However, we worked this requirement into this Form by having the crew member complete this information in Part A of Section III, and it should be completed here (even if it does appear on the PCR). The transport date on the top of the Form provides the “date”; that is why there is no separate line for “date” in this Section of the Form. We also included a line in Part A of Section II for the crew to document the circumstances that make it impractical for the patient to sign to remind crewmembers to document this information because it is required under 42 CFR §424.37.
- 3) The third type of documentation Medicare requires in cases where the patient or an authorized signer could not sign is some type of verification from the facility that received the patient. This can most easily be accomplished by obtaining the signature of a representative of the receiving facility (any representative of the facility would suffice; a clerk, a caregiver, etc.). This is a signature acknowledging receipt of the patient by that facility. This representative would sign in Part B of Section III, and this signature must be obtained at the time the patient is delivered to the facility (“contemporaneous signature”). The facility representative should also print his/her name and title.

If a representative of the receiving facility signs in Part B of Section III, then no Secondary forms of Documentation need to be obtained from the receiving facility.

ADDITIONAL INFORMATION

Obtaining a Secondary Form Documentation

If the patient was incapable of signing, no authorized representative was capable or willing to sign on behalf of the patient, and the crew was unable to obtain the signature of a representative of the receiving facility acknowledging receipt of the patient (at the time the patient was delivered to the receiving facility), then the ambulance service should obtain secondary documentation indicating that the patient was transported to the facility on the date of service. The ambulance service must obtain one or more of the following types of documentation from the receiving facility:

- 1) The Patient Care Report signed by a representative of the facility
- 2) A Facility or Hospital Face Sheet/Admissions Record
- 3) The Patient Medical Record
- 4) A Hospital Log or Other Similar Facility Record

Whenever possible, the crew should try to obtain the secondary form of documentation at the time of transport. However, if the crew is unable to obtain secondary documentation at the time of transport, the documentation must be obtained at some point prior to submission of the claim. While, of course, your ambulance service may wish to obtain this secondary documentation in all cases, it is *required* only when no representative of the receiving facility signs Part B of Section III, in order to be able to submit the claim to Medicare for payment.

Signing on Behalf of the Patient After Making Reasonable Efforts (PROVIDERS ONLY)

The regulations state that a Provider (i.e. hospital-based services that bill Medicare Part A Fiscal Intermediaries) may sign on behalf of the patient if the patient was incapable of signing, none of the authorized representative was available or willing to sign on behalf of the patient, and the provider has made reasonable efforts to locate and obtain the signature of one of the authorized signers. CMS makes clear that an ambulance Provider “must make reasonable efforts, including over a reasonable period of time, to locate and obtain the signature of either the beneficiary or an authorized individual.” Therefore, an ambulance Provider may never sign on behalf of the patient at the time of transport. A Provider must first make reasonable efforts to follow up with the beneficiaries or authorized signers before signing “on behalf of the patient.”

Because this would impair a Provider’s ability to submit a claim until they have made reasonable efforts to locate and obtain an authorized signer, we recommend utilizing this option only as a last resort. Providers should first attempt to obtain a “contemporaneous signature” from a representative of the receiving facility, or secondary documentation, because it would permit the provider to submit the claim immediately (provided all other Medicare requirements are met). Thus, for Providers only, in Section II of the Form, an additional “representative” line can be added to read: “Representative of provider or nonparticipating hospital (**only** if reasonable efforts were first made to obtain signature of one of the authorized signers listed above).” The term “non-participating hospital” means a hospital that is not participating in the Medicare program as a Medicare “provider.”

Following up with the Patient to obtain the Patient Signature

Remember that the patient’s signature can be obtained at any time after the transport. In the event that the patient was unable to sign at the time of transport, and other Sections of the Signature Form were not completed, the ambulance service can always follow-up with the patient, and obtain the patient’s signature (at a later date) prior to submitting the claim, provided that the claim is still within the timely filing deadline. Remember that a valid signature (under Section I, II, or III (as appropriate)) **must** be obtained before submitting the claim for payment

Patient Signature Refusals

If a (Medicare) patient refuses to sign the Signature Form, then the ambulance service is permitted (under Medicare laws) to bill the patient directly. Where a patient is physically and mentally capable of signing, but refuses to sign in Section I, the crew should **not** move on to Sections II or III. Instead, the crew should indicate that the patient was physically and mentally able to sign, but refused to sign. This enables the claim to be billed to the patient directly. Under these circumstances the claim should not be billed to Medicare.