

MEDSTAR
 EMERGENCY MEDICAL SERVICES
 Communications Center
 551 E. Berry
 Fort Worth, TX 76110
 Scheduling: 817 927-9620
 Transport Coordinator: 817-632-0517
 Fax: 817 927-9671

**AMBULANCE TRANSPORTATION ESTIMATE
 FACILITY ACCEPTING FINANCIAL LIABILITY**

Patient _____ **** Include Facility Face Sheet when faxing**

Requestor: _____ **Title:** _____
Phone No.: _____ **Fax No.:** _____

Origin: _____ **Destination:** _____
Address: _____ **Address:** _____
City, St, Zip: _____ **City, St, Zip:** _____
Date of Srvc: _____ **Round Trip?** _____ **YES** _____ **NO**
Pickup Time: _____ **AM** **PM** **Appt. Time:** _____ **AM** **PM**

MedStar EMS Estimated Cost: _____ \$ _____ (each way)

Please call the Transport Coordinator @ 817-632-0517 for estimated cost.

MedStar EMS may only provide an estimated cost because by law, mileage must be billed in accordance with odometer readings indicating the actual mileage traveled with the patient from origin to destination.

By signing this document, you are guaranteeing that the Facility indicated will be financially responsible for the final cost of the non-emergency ambulance service as listed above and that you are authorized to guarantee payment on behalf of the facility.

Facility to be Billed: _____

Billing Address: _____

City, State, Zip: _____

Phone No.: _____

Printed Name of Authorizing Representative

Title

Signature of Authorizing Representative

Date