Still faxing? If so, you may be missing out on timesaving benefits, including automatic approvals and guided submission only available when using the Cohere portal to manage authorizations. **Visit www.coherehealth.com/register** to begin.

Geisinger

NON-EMERGENT AMBULANCE TRANSPORT REQUEST

FAX TO GHP: 844-545-0102 or 570-214-2430
PHONE GHP: 800-544-3907

General information (fill all fields and check all boxes that apply)

Requestor name:		Request date:
Request time:	Requestor phone:	Requestor fax:
Patient name:		Patient DOB:
Gender: M F	Patient weight:	Patient insurance ID #:

Trip information (fill all fields)

Pickup location name:		Destination name:	
Street address (include unit/floor/room/apt #):		Street address (include unit/floor/room/apt #):	
City:	State:	City:	State:
Zip:	Phone:	Zip:	Phone:
Transport date:	Pickup time:	Appointment time:	
Describe why patient needs an ambulance and cannot be transported by other means:			

Servicing Provider information (fill all fields)

Servicing provider name:	
Servicing provider NPI:	Servicing provider TIN:
Servicing provider phone:	Servicing provider fax:

Patient information (fill all fields and check all boxes that apply)

Current diagnosis:	Attending physician:
Describe any special circumstances:	

- ☐ The member is unable to get up from bed without assistance
- ☐ The member is unable to ambulate
- ☐ The member is unable to sit in a chair or wheelchair or maintain a sitting posture
- ☐ Must remain immobile because of a fracture or possibility of fracture
- ☐ Soft restraints (with local medical command approval)
- ☐ Spinal immobilization
- ☐ Paramedic assessment
- ☐ Assistance with member self-administration of drug
- ☐ Drug administration
- ☐ Member wears an automatic or semi-automatic defibrillator
- ☐ Electrocardiography (basic or 12 lead) IV initiation or maintenance
- ☐ Administration of blood or blood products
- ☐ Tracheal monitoring or deep suctioning
- ☐ Ventilator monitoring or artificial ventilation
- ☐ Oxygen administration (nasal cannula or mask)
- ☐ Pulse oximetry/CPAP when the member's medical condition presents a likelihood that medical intervention will be necessary (eg, breathing treatment, etc.)
- ☐ Pulse oximetry (when the ambulance service is approved to provide this component by the agency's medical director)

*Required Information. Incomplete forms will be returned unprocessed.
Precertification authorization verifies medical necessity criteria have been met and is not a guarantee of payment.