

Patient Request for preferred Ambulance Service

Notice to all Hospital Providers:

In the event that I require ambulance transport and meet Medicare requirements for a stretcher, I request that I be transported only by:

Amelia Ambulance Service

804.561.3322 or 804.784.3003.

Regardless of your contract status with other ambulance services it is my right to choose providers for transports that either I or my insurance company are paying for.

Thank you,

_____ Date _____

Patient or Responsible Party

Print Name

To be read to the patient at destination before signature:

- It was a pleasure transporting you today.
- If you meet Medicare's requirement for stretcher when you are discharged, you have the right to choose which ambulance service transports you.
- If you enjoyed our service and would like us to come back and pick you up. You may sign this request for the hospital to call us.
- **You are not obligated to sign this**, should you change your mind once you sign it, you are not obligated by it.
- Thank you for the honor and privilege of transporting you.