Harnett County Transport Request

Person Requesting Transport:	Request Date:
Patient's Name:	Room #
Pick Up Date// Pick Up Time//_	Appointment Time:
Pick Up Location:	
	Fax #:
Take To Location:	Phone#:
	Fax #:
Physician Ordering Transport:	
 Will a caretaker accompany the patient?YesNo Is patient a resident of a Skilled Nursing Facility?YesNo A. Date of admission to facility	
These services may not be covered by Medicare, Medicaid, or insurance. If Medicare, Medicaid or insurance denies payment, the requesting facility and/or the patient will be financially responsible for charges incurred from this service. Signature of patient or person acting on patient's behalf	
When completed please fax to Harnett County EMS at 910-814-2570, if you have any questions please call 910-893-7563.	
Harnett County EMS Only	
CONFIRMATION:	;
NAME	DATE TIME