

ABN (Advance Beneficiary Notice of Non-Coverage) Form

This form must be completed when a patient is being discharged from the hospital or healthcare facility to be transported via ambulance stretcher to a:

- Home/Residence,
- Assisted Living
- Office/Clinic

WHEN the person's condition does **not** warrant a "**medical necessity**" to be transferred by stretcher in an ambulance and is specified on the Physicians Certification Statement. Shift Leaders shall have access to the ABN Form and should have form signed.

The patient must be able to read, comprehend and sign the ABN form that states that the patient chooses to be transported via ambulance *but* the transport may not be eligible for health insurance benefits and may not be paid. The cost of the transport must be covered by the patient.

If the patient is unable to read, comprehend or sign the ABN Form then a representative of the patient's financial account, who is over the age of 18 and is able to read, comprehend and sign the ABN Form with the understanding that the patient is responsible for payment of the transport provided by the ambulance service. *No other representative may sign for the benefit of the patient.*

In the event that **OPTION 3; SECTION G**: has been selected that states the patient does not want the transportation or services provided by the Ambulance Service; the Medical Facility or the patient is responsible to seek other means of transportation.

If there is a question about the transportation go-ahead and complete the form, have it signed and the decision for claims processing will be completed by the ambulance services claims department.
