

AMBULANCE TRIP LOG

INITIAL REPORT FORM FOR NON-SCHEDULED TRANSPORTS

Verify Medicaid Eligibility then FAX to the Mountain-Pacific Quality Health Foundation at: 800-291-7791 within 30 days of transport.

Ambulance Name: _____ NPI # _____ Phone: _____

Date: _____ Ambulance Contact Person: _____ FAX#: _____

Patient's Name	Medicaid Number	Sex	Date of Birth	Date of Service	Level of Service	From To	Medical Reason for Transport