

Mt. Washington Fire & EMS

Transfer Request Form

Transfer Request Form, demographic Facesheet with health insurance information, and Physician Certified Statement (PCS) to be completed prior to non-emergent transfer. All forms are to be completed in their entirety and emailed in .pdf form to transfers@mwfems.com. Documentation will be reviewed prior to authorizing MWFEMS transfer request.

Transport Details:

Date:	Contact Name:		
Contact Phone #:	Contact Email:		
Date of Service:	Origin Location: Residence Healthcare Facility		
Origin Address:			
Destination Location: Residence Healthcare Facility	Caregiver at Destination? Yes No		
Destination Address:			

Patient Information:

Name:		
DOB:	SSN:	Weight:
Mailing Address:		City:
State:	Zip:	Contact Phone #:

- | | | |
|-----|----|---|
| Yes | No | Are there any stairs at either Origin or Destination Location? |
| Yes | No | Are there any physical barriers at either Origin or Destination? |
| Yes | No | Is this a Repetitive, Scheduled Non-Emergent Ambulance Transport (RSNAT)? |
| Yes | No | Has a Medicare RSNAT Prior Authorization been completed? |
| Yes | No | Facesheet Attached? |
| Yes | No | PCS Form Attached? |

Notes: