

HEALTHCHOICE

Air Ambulance Request

Phone 1-405-717-8879
or 1-800-543-6044

Fax 1-405-717-8947

Date: _____

Air Ambulance Name: _____

Address: _____

Network

Non-Network

Contact Person: _____

Phone: _____

Fax: _____

Patient: _____

DOB: _____

Member: _____

Member ID#: _____

Flight Origination: _____

Flight Destination: _____

Date of Service: _____

Diagnosis, Indication for Ambulance Transfer: _____

Note: *Physician's letter of medical necessity for transfer or office notes may be utilized to document the above requested information.*

***** FOR HCMD USE ONLY *****

Approved by: _____

Date: _____

Comments: _____

These benefits are applicable only if the patient is eligible for the Employees Group Insurance program and are subject to ALL POLICY PROVISIONS. Please remember to verify benefits and eligibility by calling 1-800-782-5218.

Rev. April, 2008