

TRANSPORT TEMPLATE Doctor _____ DOS _____ Diagnosis _____

Pt Name _____ PHN _____ DOB _____

Time called _____ time arrived _____ Call in code _____

Consult or visit fee code _____ start time _____ end time _____ (represents the first 1/2 hour)

Referring doctor is required if billing a consult _____ (full name and Pract # pls)

Emergency care may be applicable for time spent after initial assessment, or in replace of initial assessment, billable per half hour until you leave for the transport.

81 _____ to _____ _____ cardiac arrest _____ Respiratory arrest Other _____ _____ _____ ACLS protocols _____ bagged / ventilated _____ cardioversion _____ catheter insertion _____ central line _____ CPR _____ infusion _____ intubated _____ IV meds _____ O2 _____ transfusion Other: _____ _____ _____	81 _____ to _____ _____ cardiac arrest _____ Respiratory arrest Other _____ _____ _____ ACLS protocols _____ bagged / ventilated _____ cardioversion _____ catheter insertion _____ central line _____ CPR _____ infusion _____ intubated _____ IV meds _____ O2 _____ transfusion Other: _____ _____ _____	82 _____ to _____ _____ anaphylaxis _____ dysrhythmia _____ hyper/hyperglycemia _____ hyper/hypotensive _____ hypoxia _____ sepsis _____ seizures _____ shock _____ trauma Other: _____ _____ Systems Monitored: _____ cardiovascular _____ respiratory _____ neurological _____ musculoskeletal _____ metabolic Other: _____ _____ _____	82 _____ to _____ _____ anaphylaxis _____ dysrhythmia _____ hyper/hyperglycemia _____ hyper/hypotensive _____ hypoxia _____ sepsis _____ seizures _____ shock _____ trauma Other: _____ _____ Systems Monitored: _____ cardiovascular _____ respiratory _____ neurological _____ musculoskeletal _____ metabolic Other: _____ _____ _____
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In transport: Left at _____ (time) from _____ (place). Arrived at _____ (time) _____ (place). Traveled via _____ (ambulance, plane, boat etc) = 84 x _____

Emergency care may be applicable for time spent after arrival and before hand over, billable per half hour.

81 _____ to _____ _____ cardiac arrest _____ Respiratory arrest Other _____ _____ _____ ACLS protocols _____ bagged / ventilated _____ cardioversion _____ catheter insertion _____ central line _____ CPR _____ infusion _____ intubated _____ IV meds _____ O2 _____ transfusion Other: _____ _____ _____	81 _____ to _____ _____ cardiac arrest _____ Respiratory arrest Other _____ _____ _____ ACLS protocols _____ bagged / ventilated _____ cardioversion _____ catheter insertion _____ central line _____ CPR _____ infusion _____ intubated _____ IV meds _____ O2 _____ transfusion Other: _____ _____ _____	82 _____ to _____ _____ anaphylaxis _____ dysrhythmia _____ hyper/hyperglycemia _____ hyper/hypotensive _____ hypoxia _____ sepsis _____ seizures _____ shock _____ trauma Other: _____ _____ Systems Monitored: _____ cardiovascular _____ respiratory _____ neurological _____ musculoskeletal _____ metabolic Other: _____ _____ _____	82 _____ to _____ _____ anaphylaxis _____ dysrhythmia _____ hyper/hyperglycemia _____ hyper/hypotensive _____ hypoxia _____ sepsis _____ seizures _____ shock _____ trauma Other: _____ _____ Systems Monitored: _____ cardiovascular _____ respiratory _____ neurological _____ musculoskeletal _____ metabolic Other: _____ _____ _____
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Continuing care may be payable for the entire time spent with the Pt from the time of arrival to the hand over.

Add 1205 / 6 / 7 from _____ to _____ x _____ units