Chapin Ambulance, LLC
22 Tyler Street Springfield MA 01109
Phone: (413) 209-8830
Fax: (413) 342-4556

Patient Info

First Name
Last Name
DOB
Address
City/State/Zip
SSN
Sex
Sending Facility

Transport Info

Pickup Address
Dropoff Address
Pickup Time
Appt: Time
Return Trip Pickup Time
Miles Start
Miles End

Billing Information

Primary Ins.
Policy No.
Secondary Ins.
Policy No.
Responsible Party
Address
Responsible Party
Address
Phone

Narrative

Reason For Xfer
Medical History
Notes

Authorization

I understand that I am financially responsible for the services provided to me by Chapin Ambulance LLC (CHAPIN) regardless of Insurance coverage. I request that payment of authorized insurance benefits be made on my behalf to CHAPIN for any services provided to me by CHAPIN. I authorize and direct any holder of medical information or documentation about me to release it to CHAPIN and its billing agents and any other payers or insurers, any information of documentation needed to determine these benefits or benefits payable for any services provided to me by CHAPIN, now, in the past, or in the future. I agree to remit to CHAPIN any payments that I receive directly from any source for the services provided to me and assign all rights to payments to Chapin Ambulance LLC.
I acknowledge that I have received the transportation services described above.
I also acknowledge that I have received a copy of the Chapin Notice of Privacy Practices. A copy of this form is as valid as the original.

Patient Signature
Date
Patient Representative
Reason Unable to Sign

Wheelchair Van Data Sheet