

A. Notifier: Mutual Aid Ambulance Service, INC B. Patient Name:

C. Trip / Run Number(s):

Updated:04/12/2024

Advance Beneficiary Notice of Non-coverage (ABN) / Financial Wavier

NOTE: If insurance does not pay for **TRANSPORTATION LISTED** below, you may have to pay. Insurance does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect insurance may not pay for the **TRANSPORTATION** below.

D. Transportation	E. Reason insurance may not pay:	F. Estimated Cost
Pick up address:		One way:
Drop off address:		Round Trip:

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the transportation listed in above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but insurance cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- OPTION 1.** I want the **TRANSPORTATION** listed above. You may ask to be paid now, but I also want my insurance billed for an official decision on payment, which is sent to me on an Explanation on Benefits (EOB). I understand that if my insurance doesn't pay, I am responsible for payment, but I can appeal to my insurance by following the directions on the EOB. If insurance does pay, you will refund any payments I made to you, less co-pays or deductibles.
- OPTION 2.** I want the **TRANSPORTATION** listed above, but do not bill my insurance. You may ask to be paid now as I am responsible for payment. I cannot appeal if my insurance is not billed.
- OPTION 3.** I do not want the **TRANSPORTATION** listed above. I understand with this choice I am **not** responsible for payment, and I cannot appeal to see if insurance would pay.

H. Additional Information:

MEMBER RATE: BLS / ALS \$325.00 + \$6.00 per mile

NON-MEMBER RATE: BLS \$600.00 + \$12.00 per mile

ALS \$750.00 + \$12.00 per mile

BLS / ALS WAIT TIMES \$75 PER THIRTY (30) MINUTES

WHEELCHAIR VAN RATE: \$75.00 + \$4.00 per mile

Signing below means that you have received and understand this notice. You may request to receive a copy.

I. Signature:	J. Date:
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