



## **Instructions for “Sample Ambulance Signature Form – Version 1.5”**

### **TERMS OF USE**

This is a sample form only, designed to assist ambulance services in complying with applicable Medicare signature requirements. This form and the instructions are not legal advice and no attorney-client relationship is formed by their use. This is not an official form of any governmental agency and may not reflect requirements of state law where you live. Any individual or entity using this form (“user”) or any modified version of it does so with the understanding that the user bears all responsibility for compliance with all applicable laws and regulations, and the user agrees that the designers of this form are not responsible for its use by any user. Do not use this form or any modification of it if you do not agree to the terms and conditions of this license. This form may be modified by the user to meet the user’s needs, though we bear no responsibility for any modifications. This form is licensed only for use by individual ambulance services; and should not be forwarded to any other organization. Any other use or distribution requires our express written permission.

### **\*IMPORTANT CHANGES TO THIS FORM\***

- **Combination of PROVIDER and SUPPLIER Forms into one Signature Form**  
Previously, PWW provided two different Signature Forms – one for “Providers” and one for “Suppliers.” (Remember “Providers” are hospital based services that bill through the Hospital billing number to Part A). However, in light of recent commentary from CMS, as part of the November 19, 2008 “Final Rule,” we feel it is no longer necessary to utilize two different forms, as the distinctions on the forms are minor. The circumstances under which an ambulance “Provider” may sign on behalf of the beneficiary are outlined in greater detail below. Since it is likely rare that an ambulance “Provider” would ever sign the form on behalf of the patient (without using one of the other signature alternatives instead), detailing this separate signature requirement on a form only applicable to Providers is not necessary.
- **Addition of “in the past” Language to Patient Statement**  
PWW has added the phrase “in the past” to its lifetime signature language to expand the applicability of a valid patient signature to cover services that have been previously rendered to the beneficiary by the ambulance services. This is designed to cover situations where the patient may have been unable to sign at the time of service and no other signature was obtained (Sections II and III were not completed). Since the ambulance service can follow-up with the patient directly and obtain a signature after the date of service, and prior to submitting the claim, this language is added to cover that exact scenario. In this case, the date of the transport and the date of the signature would be different, and the “in the past” language on the “Patient Statement” will reflect the fact that the patient is signing for that trip that occurred in the past.
- **Addition of “legal guardian” Language in Section I**  
PWW has added language to Section I of the Signature Form to instruct crew members that when a patient is a minor, the signature of the parent or legal guardian of the minor should sign for the patient in this section. Because a minor may not consent to care (under most state laws), a parent or legal guardian of the minor signs in Section I as if they were the patient. Remember also, that

as the parent or guardian of a minor, that person does, in fact, have financial responsibility. If the parent or guardian signs under “Section II” he or she may try to claim that they no longer have financial responsibility (in light of the disclaimer language), so it is important that the parent or guardian sign in Section I.

- **Addition of Representative’s Address in Section II**

Section 50.1.3 of Chapter 1 of the Medicare Claims Processing Manual requires an authorized representative who signs on behalf of the patient to provide his/her address. Although it is not part of the regulation itself, it is part of the Manual, and some carriers do enforce this requirement. You may wish to check with your Carrier to determine whether it is required and remove the address field if it is not applicable to your jurisdiction. Please note that certain Carriers do require this information and will deny a claim if this information is missing.

- **Section III for Use in Emergencies and Non-Emergencies**

In the November 19, 2008 “Final Rule,” CMS expanded the ambulance exception to both emergencies and non-emergencies; therefore, Section III of this form can now be used for either type of transport.

- **Secondary Forms of Verification**

Because secondary forms of verification will not likely be obtained at the time of transport, PWW has eliminated the listing of them on the Signature Form., In cases where “Section III” of the form is used, but a representative of the receiving facility did not sign, the rule still allows “secondary forms of verification” to be used, as discussed in more detail below.

- **Lifetime Signatures**

Remember that this form may be used as a “lifetime signature” under 42 CFR §424.40 if signed by the patient or the patient's representative. This does not, however, mean that any person that may sign on behalf of the patient in Section II (e.g. representative of a facility that provided care) will be deemed a “representative” for “lifetime signature” purposes. “Legal representatives” such a POA or guardian, however, may satisfy the “representative” requirement of 42 CFR §424.40.

## **ABOUT THIS FORM**

### **Who Should Use This Form**

ALL ambulance services, providers and suppliers alike, should use this Sample Ambulance Signature Form. There is now only one signature form for ALL services (providers and suppliers), and all three Sections now apply to both emergency and non-emergency transports.

### **Customizing This Form:**

Users should delete the title “Sample Ambulance Signature Form – Version 1.5” and replace it with a title appropriate to their organization, such as “ABC Ambulance Patient Signature Form” or, users may use a title such as “Assignment of Benefits and Privacy Acknowledgment Form.” We have used “ABC Ambulance” as a generic company name; be sure to replace this with the proper name of your organization throughout this form.

## **COMPLETING THIS FORM**

An ambulance service representative should fill out the Patient Name and Transport Date on the top of the form. Then, **ONE** of the three sections on this form must be completed. These sections must be considered sequentially (i.e. the crew should start with Section I and move to Section II and then Section III only when appropriate). Only when the requirements of the Section cannot be met should

the ambulance crew move on to the next Section. The ambulance crew (or patient) is NOT free to choose whichever Section it wishes for completion.

**Section I** – Whenever possible, the ambulance crew should, at the time of service, get the patient (if over 18) to sign the form in Section I. If the patient is a minor, the parent or legal guardian of the patient should sign the form in Section I. The patient should not sign if he or she is mentally or physically incapable of signing his or her name. Some examples of when a patient is physically or mentally incapable of signing include: an unconscious patient, a patient who is mentally incapacitated, a patient under the influence of drugs or alcohol, a patient who is restrained and unable to sign, in great pain, or otherwise in a condition that the patient should not be asked to transact any business. If the patient is physically or mentally incapable of signing for any reason, the patient should not sign, and the crew member should then attempt to get a signature of an authorized representative in Section II. Note that for a minor, the parent or guardian will sign on behalf of the minor in Section I. **If a patient signature is obtained in Section I, no other sections of the form need to be completed.**

**Section II** – **Only** if the patient is physically or mentally incapable of signing should Section II be completed. In these cases, the ambulance crew should, at the time of service, make every effort to identify one of the authorized signers who are listed in this section and get that person to sign (preferably in the order listed (*i.e.* if available, a legal representative or family member is preferred over a facility representative). The Medicare regulations permit only the authorized signers listed in this section to sign on the patient’s behalf when the patient is physically or mentally incapable of signing. The crew should have the authorized signer check the appropriate box as to which type of authorized representative they are, and the *authorized signer* must document a reason for the patient’s inability to sign (in accordance with 42 CFR §424.37). The authorized signor should also provide his/her address in Section II, in accordance with Medicare Claims Processing Manual, Chapter 1, Section 50.1.3. **If a signature of an authorized representative is obtained on behalf of the patient in this Section II, Section III does not need to be completed.**

**Section III** – Section III should **only** be completed when the patient is physically or mentally incapable of signing in Section I, **and** no other authorized representative was available or willing to sign at the time of service in Section II.

Medicare requires three types of documentation to submit a claim for ambulance transports in cases where neither the patient (Section I) nor an authorized representative (Section II) could sign. Section III covers these three types of documentation. The first is a signed, contemporaneous (at the time of service) statement from an ambulance crew member who was present at the time the ambulance services were delivered. This is Part A of Section III.

The second type of documentation Medicare requires is documentation of the date and time the patient was taken to the receiving facility, as well as documentation of the name and location of that facility. That information may also be contained on a “trip sheet” or patient care report (PCR). However, we have worked this requirement into this form by having the crew member complete this information in Part A of Section III, and it should be completed here (even if it does appear on the PCR). The transport date on the top of the form provides the “date”; that is why there is no separate line for “date” in this Section of the form. We deliberately repeated the “reason patient incapable of signing” line in Section III (it also appears in Section II) to remind crew members to document this information because the crew member signs in Section III, but the “authorized signer” signs in Section II, and the signer in these sections must document the reason the patient is incapable of signing.

The third type of documentation Medicare requires in cases where the patient or an authorized signer could not sign is some type of verification from the facility that received the patient. This can most easily be accomplished by obtaining the signature of a representative

of the receiving facility (any representative of the facility would suffice; a clerk, a caregiver, etc.). This is not a signature on behalf of the patient; it is merely a signature acknowledging receipt of the patient by that facility. This representative would sign in Part B of Section III, and this signature must be obtained at the time the patient is delivered to the facility (“contemporaneous signature”). **If a representative of the receiving facility signs in Part B of Section III, then no Secondary forms of Documentation need to be obtained from the receiving facility.**

### **ADDITIONAL INFORMATION**

#### **Obtaining Secondary Documentation**

If the patient was incapable of signing, no authorized representative was capable or willing to sign on behalf of the patient, and the crew was unable to obtain the signature of a representative of the receiving facility acknowledging receipt of the patient (at the time the patient was delivered to the receiving facility), then the ambulance service should obtain secondary documentation indicating that the patient was transported to the facility on the date of service. The ambulance service must obtain one or more of the following types of documentation from the receiving facility:

- (1) The Patient Care Report signed by a representative of the facility
- (2) A Facility or Hospital Face Sheet/Admissions Record
- (3) The Patient Medical Record
- (4) A Hospital Log or Other Similar Facility Record

Whenever possible, the crew should try to obtain the secondary form of documentation at the time of transport. However, if the crew is unable to obtain secondary documentation at the time of transport, the documentation must be obtained at some point prior to submission of the claim. While, of course, your ambulance service may wish to obtain this secondary documentation in all cases, it is *required* only when no representative of the receiving facility signs Part B of Section III, in order to be able to submit the claim to Medicare for payment.

#### **Signing on Behalf of the Patient After Making Reasonable Efforts (PROVIDERS ONLY)**

The regulations state that a Provider (i.e. hospital-based services that bill Medicare Part A Fiscal Intermediaries) may sign on behalf of the patient if the patient was incapable of signing, none of the authorized representative was available or willing to sign on behalf of the patient, and the provider has made reasonable efforts to locate and obtain the signature of one of the authorized signers. CMS makes clear that “an ambulance service must make reasonable efforts, including over a reasonable period of time, to locate and obtain the signature of either the beneficiary or an authorized individual.” Therefore, an ambulance Provider may never sign on behalf of the patient at the time of transport. A Provider must first make reasonable efforts to follow up with the beneficiaries or authorized signers before signing “on behalf of the patient.”

Because this would impair a Provider’s ability to submit a claim until they have made reasonable efforts to locate and obtain an authorized signor, we recommend utilizing this option only as a last resort. Providers should first attempt to obtain a “contemporaneous signature” from a representative of the receiving facility, or secondary documentation, because it would permit the provider to submit the claim immediately (provided all other Medicare requirements are met). Thus, for Providers only, in Section II of the Form, an additional “representative” line can be added to read: “Representative of provider or nonparticipating hospital (**only** if reasonable efforts were first made to obtain signature of one of the authorized signers listed above).” The term “non-participating hospital” means a hospital that is not participating in the Medicare program as a Medicare “provider.”

### **Following up with the Patient to obtain the Patient Signature**

Remember that the patients signature can be obtained at any time after the transport. In the event that the patient was unable to sign at the time of transport, and other Sections of the signature form were not completed, the ambulance service can always follow-up with the patient, and obtain the patients signature (at a later date) prior to submitting the claim. Remember that a valid signature (under Section I, II, or III (as appropriate)) **must** be obtained before submitting the claim for payment

### **Patient Refusal**

If a (Medicare) patient refuses to sign the form, then the ambulance service is permitted (under Medicare laws) to bill the patient directly. Where a patient is physically and mentally capable of signing, but refuses to sign in Section I, the crew should not move on to Sections II or III. Instead, the crew should indicate that the patient was physically and mentally able to sign, but refused to sign. This enables the claim to be billed to the patient directly, and does not (and cannot) get billed to Medicare.

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