



the submission of a claim to Medicare. The language in Section II also more directly tracks the language of the regulation in Version 1.7.

### **Lifetime Signature Language in Section II**

Remember that a signature on this Form may be used as a “lifetime signature” under 42 CFR §424.40 *if* signed by: (1) the patient, or (2) the patient's representative. The patient’s representative (for lifetime signature purposes) could include a signer listed in Section II, such as the patient’s legal guardian. However, it is likely that the other signers listed in Section II may not qualify as a “representative” for “lifetime signature” purposes. Hence, Version 1.7 includes a parenthetical statement: “(or in the future, *where permitted*),” to make it clear that the signature will only qualify as a lifetime signature when signed by an appropriate patient representative.

The Form also includes a checkbox for situations where the representative signer is the patient’s: (1) legal guardian, or (2) health care power of attorney. Although CMS has not issued any guidance regarding exactly who qualifies as a “representative” for “lifetime signature” purposes, it is likely that these particular individuals do. Notwithstanding, the best policy is to get a signature from a patient or an authorized signer on every transport.

## **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 1.6” 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 from top to bottom (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:** For a minor, the parent of 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 identified in this Section and get that person to sign (preferably in the numerical order listed from (1) to (4); *i.e.* if available, a legal representative 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.

Before obtaining a signature from an authorized representative, the circumstances that make it impractical for the patient to sign must be documented on the designated line in Section II (in accordance with 42 CFR §424.37). The authorized signer should then sign his or her name and provide a printed name and address in Section II. Finally, the checkbox in Section II should be checked if the representative signer is the patient's: (1) legal guardian, or (2) health care power of attorney. Make sure that all of the information is complete in Section II when obtaining the signature of an authorized signer.

**If a signature of an authorized representative is obtained on behalf of the patient in 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.

- 1) 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.
- 2) 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 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 included the "circumstances that make it impractical for the patient to sign" line in Section III (it also appears in Section II) to remind crew members to document this information because it is required under 42 CFR §424.37. The signer in these sections must submit a statement with the reason the patient is incapable of signing.

- 3) 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 Provider “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 signer, 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 patient's 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 patient's 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 Refusals**

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.