

INSTRUCTIONS: SAMPLE AMBULANCE SIGNATURE/CLAIM SUBMISSION AUTHORIZATION FORM VERSION 2.2



The form is titled "Sample Ambulance Signature/Claim Submission Authorization Form - Version 2.2". It is a legal document for ambulance services to use for Medicare signature requirements. The form is divided into three main sections: Section I: Patient Signature, Section II: Authorized Representative Signature, and Section III: Ambulance Crew and Receiving Facility Signatures. Each section contains specific instructions and fields for signatures and dates. The form also includes a "Terms of Use" section at the bottom.

TERMS OF USE

This is a Sample Form only, designed to assist ambulance services in complying with applicable Medicare signature requirements. The Form and these instructions are not legal advice and no attorney-client relationship is formed with Page, Wolfberg and Wirth ("PWW") 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 this Form, does so with the understanding that the User bears all responsibility for compliance with all applicable laws and regulations. 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 modified version of the Form, 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 PWW bears 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.

ABOUT THIS FORM

Who Should Use This Form?

ALL ambulance services, providers and suppliers alike, may use this Sample Ambulance Signature/Claim Submission Authorization 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/Claim Submission Authorization Form - Version 2.2" and replace it with a title appropriate to their organization, such as: "ABC Ambulance Signature/Claim Submission Authorization 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

First, an ambulance service representative (ambulance crewmember) 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 to complete because Medicare regulations dictate who may sign and when.

SECTION I

Whenever the patient is capable of signing the Form, the ambulance service must 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. Also, if the signature of the patient is illegible or he or she signed with an “X”, a witness is required to sign the Form and to provide his or her address.

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 crewmember should then attempt to get a signature from an authorized representative in Section II.

If a patient signature is obtained in Section I, no other sections of the Form need to, or should, be completed.

SECTION II

Only if the patient is physically or mentally incapable of signing the Form may Section II of the Form be completed. Where the patient is incapable of signing, the ambulance crew should, at the time of service, make every effort to locate one of the authorized signers who are identified in Section II and get that person to sign. The crew should look for an authorized representative in the numerical order listed in the Form from (1) to (4) (i.e., if available, a legal representative is preferred over a facility representative).

Here are the steps for completing Section II of the Form:

- 1) First, a crewmember or representative signer must document the circumstances that make it impractical for the patient to sign in Section II. They should document these circumstances on the first blank line in Section II, which states **“Describe the circumstances that make it impractical for the patient to sign.”**
- 2) Next, the crewmember or representative signer should check the box which accurately identifies the representative signer’s relationship to the patient.

- 3) Finally, the authorized signer must sign his or her name and should provide a printed name in Section II.

Make sure that all of the information is complete in Section II when obtaining the signature of an authorized representative signer.

If the signature of an authorized representative is obtained on behalf of the patient in Section II, no other sections of the Form need to, or should, 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 authorized representative (identified in Section II) was available or willing to sign at the time of service. In such cases, an ambulance employee present during the trip to the receiving facility may sign on behalf of the patient to submit a claim to Medicare if employee documents and obtains certain information.

Here are the steps for completing Section III of the Form:

- 1) First, the ambulance crewmember should document the circumstances that make it impractical for the patient to sign on the first blank line in Section III stating: **"Describe the circumstances that make it impractical for the patient to sign."**
- 2) Next, the ambulance crewmember should document the name and location of the receiving facility and the time the ambulance services were provided. This information may also be contained on a "trip sheet" or patient care report (PCR). However, PWW included this information in Section III of the Form so that it appears in the same location as the signature of the ambulance crewmember. The name and location of the receiving facility and the time of service should be completed here even if it appears on the PCR.
- 3) Then, the ambulance crewmember should sign in Section III of the Form. This signature must be provided at the time of service. The crewmember completing Section III must sign his or her name and legibly print his or her name and credentials on the appropriate lines in Part A of Section III.
- 4) Finally, the ambulance crew must obtain the signature of a representative of the receiving facility at the time of transport (any representative of the facility would suffice: a clerk, a caregiver, etc.). This is a signature acknowledging receipt of the patient by that facility. The receiving facility representative should 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"). The facility representative should also print his/her name and title.

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.

OBTAINING A SECONDARY FORM OF VERIFICATION

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 may obtain a “secondary form of verification” obtained at a later date, but prior to submission of a claim to Medicare. However, the ambulance crew must still document certain things in Section III of the form at the time of transport.

Here are the steps for fulfilling the requirements to submit a claim to Medicare when using a secondary form of verification:

- 1) First, in Section III of the Form, the ambulance crewmember should document the circumstances that make it impractical for the patient to sign on the first blank line in Section III stating: **“Describe the circumstances that make it impractical for the patient to sign.”**
- 2) Next, the ambulance crewmember should document the name and location of the receiving facility and the time the ambulance services were provided.
- 3) Then, the ambulance crewmember should sign in Section III of the Form. This signature must be provided at the time of service. The crewmember completing Section III must sign his or her name and legibly print his or her name and credentials on the appropriate lines in Part A of Section III.
- 4) Finally, the ambulance service must obtain one or more of the following types of documentation from the receiving facility:
 - a. The Patient Care Report signed by a representative of the facility
 - b. A Facility or Hospital Face Sheet/Admissions Record
 - c. The Patient Medical Record
 - d. A Hospital Log or Other Similar Facility Record

The crew may try to obtain the secondary verification 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.

ADDITIONAL OPTIONS AND SITUATIONS

Providers Signing on Behalf of the Patient (PROVIDERS ONLY)

The regulations also permit a Provider (i.e. hospital-based services that bill Medicare Part A Fiscal Intermediaries) to sign on behalf of the patient to authorize submission of a claim to Medicare if the patient was incapable of signing, no authorized representative was available or willing to sign on behalf of the patient, and the provider makes “reasonable efforts” to locate and obtain the signature of one of the authorized signers. CMS stated in its commentary 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, CMS indicated that an ambulance Provider may never sign on behalf of the patient at the time of transport. A Provider must first make reasonable efforts to find an authorized signer *before* signing “on behalf of the patient.”

Because a Provider must first make reasonable efforts to locate and obtain an authorized signer and this takes time and may require some proof of such efforts, we recommend using 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 locate and obtain signature of one of the authorized signers listed above).”

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, provided that the claim is still within the timely filing deadline. Remember that a valid signature (under Section I, II, or III (as appropriate)) **must** be obtained before submitting the claim for payment.

Patient Signature Refusals

If a (Medicare) patient refuses to sign the Signature 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. Under these circumstances the claim should not be billed to Medicare.