

Iowa County, Iowa
Policy Manual

Title: Billing Authorization & Privacy Form	Reference #: AMB 1051
Section: Departmental	Date Effective/Revised: 7/1/2014
Department (s): Ambulance	Approved By: Board of Supervisors

Policy

Attending EMT/Paramedic on each call is responsible for obtaining patient's (or authorized person's) signature on Billing Authorization and Privacy Acknowledgment Form.

Procedure

If equipment is available this form should be completed in the ESO mobile software. If not a hard copy form should be completed and uploaded into the ePCR as an attachment.

The ambulance attendant 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 because Medicare regulations dictate who may sign and when.

SECTION I

Whenever the patient is capable of signing the Form, the ambulance crew must, 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.

If the signature of the patient is illegible or they have signed with an "X", a witness is required to sign the document with both their name as well as their address.

Note: 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 identified in this Section and get that person to sign (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 representative 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 crewmember or representative signer must document the circumstances that make it impractical for the patient to sign on the first blank line in Section II (in accordance with 42 CFR §424.37). Then, the crewmember or representative signer should

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check the appropriate box which accurately identifies the representative signer's relationship to the patient. Finally, the authorized signer should sign his or her name and provide a printed name and address 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 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 and the ambulance service obtains a signature from a receiving facility. 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. 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.

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 also included a line in Part A of Section II for the crew to document the circumstances that make it impractical for the patient to sign to remind crewmembers to document this information because it is required under 42 CFR §424.37.

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"). 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.

ADDITIONAL INFORMATION

Obtaining a Secondary Form 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

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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.

Patient Signature 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.

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Ambulance Billing Authorization and Privacy Acknowledgment Form

Patient Name: _____ **Transport Date:** _____

Privacy Practices Acknowledgment: by signing below, the signer acknowledges that Iowa County EMS provided a copy of its Notice of Privacy Practices to the patient or other party with instructions to provide the Notice to the patient.

A copy of this form is valid as an original

<p>SECTION I - PATIENT SIGNATURE</p> <p>The patient must sign here unless the patient is physically or mentally incapable of signing. NOTE: if the patient is a minor, the parent or legal guardian should sign in this section.</p>	
<p>I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to me by Iowa County EMS now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by Iowa County EMS, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to Iowa County EMS any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to Iowa County EMS. I authorize Iowa County EMS to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to Iowa County EMS and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payors or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by Iowa County EMS, now, in the past, or in the future.</p> <p style="text-align: right;"><i>If the patient signs with an "X" or other mark, a witness should sign below.</i></p>	
<p>X _____ Patient Signature or Mark</p>	<p>X _____ Witness Signature</p>
<p>_____ Date</p>	<p>_____ Date</p>
<p>_____ Witness Address</p>	
<p>SECTION II - AUTHORIZED REPRESENTATIVE SIGNATURE</p> <p>Complete this section <u>only</u> if the patient is physically or mentally incapable of signing.</p>	
<p>On the line below, explain the circumstances that make it impractical for the patient to sign:</p> <p>_____</p> <p>I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to the patient by Iowa County EMS now or in the past, (or in the future, where permitted). By signing below, I acknowledge that I am one of the authorized signers listed below. My signature is not an acceptance of financial responsibility for the services rendered.</p> <p>Authorized representatives include <u>only</u> the following individuals:</p>	
<p><input type="checkbox"/> Patient's legal guardian</p> <p><input type="checkbox"/> Relative or other person who receives social security or other governmental benefits on behalf of the patient</p> <p><input type="checkbox"/> Relative or other person who arranges for the patient's treatment or exercises other responsibility for the patient's affairs</p> <p><input type="checkbox"/> Representative of an agency or institution that did not furnish the services for which payment is claimed (i.e., ambulance services) but furnished other care, services, or assistance to the patient</p>	
<p>X _____ Representative Signature</p>	<p>_____ Date Printed Name and Address of Representative</p>
<p>SECTION III - AMBULANCE CREW AND RECEIVING FACILITY SIGNATURES</p> <p>Complete this section <u>only</u> if: (1) the patient was physically or mentally incapable of signing, and (2) no authorized representative (Section II) was available or willing to sign on behalf of the patient at the time of service.</p>	
<p>A. Ambulance Crew Member Statement (<u>must</u> be completed by crew member at time of transport)</p> <p>My signature below indicates that, at the time of service, the patient named above was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. My signature is not an acceptance of financial responsibility for the services rendered.</p> <p>On the line below, explain the circumstances that make it impractical for the patient to sign:</p> <p>_____</p> <p>Name and Location of Receiving Facility: _____</p> <p>Time at Receiving Facility: _____</p>	
<p>X _____ Signature of Crewmember</p>	<p>_____ Date Printed Name and Title of Crewmember</p>
<p>B. Receiving Facility Representative Signature</p> <p>The patient named on this form was received by this facility at the date and time indicated above. My signature is not an acceptance of financial responsibility for the services rendered to this patient.</p>	
<p>X _____ Signature of Receiving Facility Representative</p>	<p>_____ Date Printed Name and Title of Receiving Facility Representative</p>