

AIR MEDICAL TRANSPORT AUTHORIZATION FORM

This form is intended for a health care provider to notify a patient or his/her authorized representative that the health care provider is requesting air medical transport for the patient who may not have an emergency medical condition.

The patient may be responsible for charges incurred during air medical transport in the event that the air medical provider is not a contracted network provider of the patient's health insurance carrier or such charges are not otherwise covered in full or in part by the patient's health insurance plan.

The information contained below demonstrates a good faith estimate of the range of typical charges for out of network air transport services provided:

Air medical transport billing for services rendered is based upon the American Medical Association Healthcare Common Procedure Coding System (HCPCS). The specific codes used are:

HCPCS Code A0431 – Air Service – Rotary Wing Transport:

Range of typical charges - \$0-\$16,000.00. Average: \$13,341.00

HCPCS Code A0436 – Rotary Wing Air Mileage:

Range of typical charges - \$0-\$144.00 per mile. Average: \$131.00

National data reported by the Government Accountability Office (GAO) in 2017 estimates the range of charges to be \$12,903 to \$51,987, with a median charge of \$29,859.¹

I, the undersigned, have been informed that a health care provider is requesting air medical transport for my continued medical care, though I may not have an emergency medical condition. I also have been informed of the good faith estimate of the range of typical charges for out of network air transport services provided.

Patient/Authorized Representative Signature

Date

1. <https://www.gao.gov/assets/690/686167.pdf>