

Air ambulance Flight Information (non-emergent)

1. Complete the form and fax it, along with clinical documentation in support of the request, to Alacura Medical Transport Management at 1-877-561-4664.
2. After faxing, call Alacura at 1-877-561-2287 to obtain the authorization number. Do this prior to the flight.

Today's date:	
Flight classification:	<input type="checkbox"/> Emergency <input type="checkbox"/> Non-emergency
	<input type="checkbox"/> Preservice authorization request <input type="checkbox"/> Postservice notification

REQUESTING PROVIDER INFORMATION

<input type="checkbox"/> Facility :	<input type="checkbox"/> Ambulance provider:
Contact person's name:	
Contact person's phone number:	Contact person's title:
Are you a participating provider with Blue Cross Blue Shield of the state patient is flying out of? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Air transport service company name (if assigned):	

MEMBER INFORMATION

Member ID (contract) number, including the three-digit prefix:	
Group number:	Date of birth:
First name:	Last name:
Diagnosis (ICD-10):	

FLIGHT SPECIFICS

Flight type: <input type="checkbox"/> Fixed wing <input type="checkbox"/> Rotary wing	Approximate flight distance:	Requested date of service:
Site of patient pickup (name and location):		
Site of patient destination (name and location):		
Site of nearest facility (name and location), if the destination identified above is not the nearest facility:		
Reason for transfer:		
Name of ordering provider (emergency department physician or other physician):		
Phone number of ordering provider:		
Facility name with which ordering provider is associated:		
Facility address:		
Flight Provider NPI		