



FACILITY PAYMENT AGREEMENT

FAX TO: 1-866-390-4835

TOPIC OF AGREEMENT

SOUTH WESTERN AMBULANCE and FACILITY:

(Business Name) _____ are in agreement
to the following with regards to:

PROVIDE PAYMENT FOR SERVICES RENDERED BY PROVIDING MEDICAL TRANSPORTATION
ON BEHALF OF THE PATIENT

PATIENT INFORMATION:

NAME: _____

DATE OF SERVICE: _____

TIME OF APPOINTMENT: _____

PICK UP LOCATION: _____

DROP OFF LOCATION: _____

***PLEASE NOTE THAT IF THIS TRANSPORT IS A WAIT AND RETURN, ADDITIONAL CHARGES
MAY APPLY* THE FIRST 30 MINUTES OF WAIT TIME ARE INCLUDED IN THE FACILITY RATES**

*****OVER THE FIRST 30 MINUTES WILL BE CHARGED \$50.00 PER 15 MINUTES*****

SPECIAL INSTRUCTIONS: _____

Administrator/Authorized personnel:(PRINT NAME) _____

Administrator/Authorized personnel:(SIGNATURE) _____