

**TRANSCARE EMERGENCY MEDICAL SERVICES**

Version 1.2

Date Aug-24

Approval JTL

HOSPITAL TRIP TICKET

DATE		TIME		ROOM		TYPE	<input type="checkbox"/>	BLS	<input type="checkbox"/>	BLS-ER
VEHICLE			PLATE				<input type="checkbox"/>	ALS	<input type="checkbox"/>	ALS1
PT NAME						AGE/SEX				
PURPOSE										
Pick up					DESTINATION					
TARE	<input type="checkbox"/>	REG	<input type="checkbox"/>	SCD	<input type="checkbox"/>	PWD	<input type="checkbox"/>	CR		
TYPE	<input type="checkbox"/>	REG	<input type="checkbox"/>	HMO	<input type="checkbox"/>	P/N	<input type="checkbox"/>	InHOUSE		
BILLING	<input type="checkbox"/>	DRP	<input type="checkbox"/>	P/N	<input type="checkbox"/>	BILLED				
	<input type="checkbox"/>	CSR/P	<input type="checkbox"/>	CSR/WP						
Gross			Discount			Payables				
VAT			ZeroVAT							
Vatables			Withholding							
REMARKS										
SIGNATURE OVER PRINTED NAME NURSE			SIGNATURE OVER PRINTED NAME ADMITTING/ BILLING			SIGNATURE OVER PRINTED NAME AMBULANCE STAFF				