



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 | | | | |