

## Regulation of a Medical transport

Additional payment-duty	Health insurance or cost carrier MyInsurance		
Additional payment-free	Surname, first name of the insured  Erika		
		born on	2009-09-09
Cost unit identification CUI1234	Insured person number i1234	status fully paid	
Establishment No. EN1234	Doctor No. d1234	Date 2024-01-01	

<input checked="" type="checkbox"/>	Accident, consequence of accident		
<input checked="" type="checkbox"/>	Work accident, occupational disease		
<input checked="" type="checkbox"/>	Disability benefits (e.g. BVG)		
<input checked="" type="checkbox"/>	Outward journey	<input checked="" type="checkbox"/>	Return journey

## 1. Reason for promotion

## Permit-free journeys

- a) ☒ full/part-time Hospital treatment ☒ pre-/post-hospital Treatment
- b) ☒ outpatient treatment with the symbols "aG", "BI", "H", care level 3 with permanent mobility impairment, care level 4 or 5 **taxi/rental car only** (Travel with ambulance is to be ordered under f)
- c) ☒ other reason, e.g. trips to hospices: my other reason is... lorem ipsum

Trips to outpatient treatment requiring approval (to be presented to the health insurance company before starting the journey)

- d) ☒ high frequency treatment Dialysis, oncol. chemotherapy or radiotherapy ☒ comparable exceptional case (Justification required under 4.)
- e) ☒ permanent mobility impairment comparable to b) and duration of treatment at least 6 months (Justification under 4. required)
- f) ☒ other reason for travel by ambulance, e.g. proper storage, carrying, lifting required (Justification under 3. and if necessary 4. required)

## 2. Treatment day/treatment frequency and nearest suitable treatment facility

from/on 0 0 1 0 1 0 1 2 x per week, until approximately 0 0 5 0 1 0 1

Treatment facility (Name, place)  
Hospital A, Aachen

## 3. Type and equipment of transport

<input checked="" type="checkbox"/> Taxi/Rental car	<input checked="" type="checkbox"/> wheelchair
<input checked="" type="checkbox"/> KTW, because medical care and/or equipment is necessary due to	<input checked="" type="checkbox"/> Carrying chair
because patient requires it	<input checked="" type="checkbox"/> lying
<input checked="" type="checkbox"/> Ambulance	<input checked="" type="checkbox"/> NAW/NEF
<input checked="" type="checkbox"/> other	some sort of valid transportation

4. Reasons/Other (e.g. date of hospital admission, weight for heavy transport, waiting time, shared transport, location if transport is not from/to home)

No other reasons



Contract doctor's stamp / doctor's signature