

Regulation of a
Medical transport

4

Additional payment-duty	Health insurance or cost carrier		
Additional payment-free	Surname, first name of the insured		
	born on		
	Cost unit identification	Insured person number	status
Establishment No.		Doctor No.	Date

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

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 DD MM YY / x per week, until approximately DD MM YY

Treatment facility (Name, place)

3. Type and equipment of transport

<input type="checkbox"/> Taxi/Rental car	<input type="checkbox"/> wheelchair
<input type="checkbox"/> KTW, because medical care and/or equipment is necessary due to	<input type="checkbox"/> Carrying chair
<input type="text"/>	<input type="checkbox"/> lying
<input type="text"/>	
<input type="checkbox"/> Ambulance	<input type="checkbox"/> NAW/NEF
<input type="checkbox"/> other	<input type="text"/>

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)

Binding template

Contract doctor's stamp / doctor's signature