11301 U.S. Highway 92 E.
Seffner, FL 33584
Phone: 813-930-0911
Fax: 813-936-8341
WWW.AMERICARE.NET

TRANSPORTATION AND PAYMENT AUTHORIZATION FORM

(Form must be completely filled out to be valid)

Type of Service *(Please select one)*:

ALS Ambulance Service ☐ Non-Medical Stretcher Service ☐

BLS Ambulance Service ☐ Wheelchair Service ☐

Bariatric Service ☐ (*Additional charge may apply*)

Patient's weight _____ Patient's height _____

Patient Information:

Patient's Full Name:_____ Patient's Date of Birth: _____

Trip Details:

Date of Service: _____ Is this a round trip Service: Yes ☐ No ☐

Appointment Time *(if applicable)*: _____

Pick Up Address: _____ Drop Off Address: _____

_____ _____

Payment Authorization:

Fee for Service: _____

Payment Method: Credit Card: [ ] **call to make payment* Invoice: [ ] **All Invoices must be paid within 30* days

Authorized Printed First Last Name: _____Title:_____

Authorized Signature:_____ Date: _____