



MedFlight911 Air Ambulance Service
 Toll-Free Calling (888) 359-1911
 Int'l & Local Calling (623) 249-6760
 Toll-Free Faxing (888) 571-3735
 Int'l & Local Faxing (480) 247-5512

Transport Detail Sheet

Patient Information (*Passport Information only if applicable)

Patient's Full Name: _____ Email: _____
 Address: _____
 City, State, and Zip Code: _____
 Phone #: _____ Alt. Phone #: _____
 Date of Birth: _____ Weight: _____ Passport #: _____ Exp: _____

Transport Information

Transferring Facility Name: _____ Room #: _____
 City and State: _____ Facilities #: _____
 Transferring Physician's Name: _____ Physician's #: _____
 Receiving Facility Name: _____ Room #: _____
 City and State: _____ Facilities #: _____
 Receiving Physician's Name: _____ Physician's #: _____

Insurance Information (*Insurance Information only if applicable)

Insured's Name: _____ Insured's Employer: _____
 Insurance Co: _____ Member ID: _____ Group #: _____
 Insurance CO Address: _____ Phone #: _____

Responsible Parties Information (*Only if different than Patient)

Responsible Parties Full Name: _____ Email: _____
 Address: _____
 City, State, and Zip Code: _____
 Phone #: _____ Alt. Phone #: _____

Preferred Method of Payment

Cash Cashier's Check Wire Transfer Credit Card

Passenger Information (*Passport Information only if applicable)

Passenger Name: _____ Passenger Name: _____
 DOB: _____ Weight: _____ DOB: _____ Weight: _____
 Passport #: _____ Exp: _____ Passport #: _____ Exp: _____