



## Air Ambulance Network - Air Ambulance Guide

### 1 **Initiation:**

#### **Caller provides information to the AAN Flight Coordinator:**

The following information will allow the flight coordinator to provide the available options and quotes for the level of services available for the patient.

#### **Patient Information:**

Patient's NAME

Patient's DATE OF BIRTH

Patient's WEIGHT & HEIGHT

Patient's MEDICAL CONDITION (Can the patient sit or ambulate? Special diet etc.)

Reason for transfer

#### **Other Considerations:**

Does patient require special equipment? (Oxygen, Ventilator, IV etc.)

Does the patient have health insurance? (If Yes, provide copy of Insurance Cards)

#### **Contact Information:**

Caller's phone number(s)

Contact information for financial arrangements

An e-mail or fax number where Air Ambulance Network can send documents

### 2 **Authorization:**

#### **AAN Flight coordinator e-mails or faxes an Authorization to Proceed:**

The Authorization to Proceed will outline the complete level of service, legal notices, our HIPAA privacy policy and final financial arrangements.

### 3 **Implementation:**

#### **AAN Medical Staff is sent patient info and confirms receiving facility info:**

Air Ambulance Network's Medical staff will obtain a detailed medical report from the medical care givers and confirm the receiving facility information, including:

Receiving Facility bed placement

Receiving Doctor

Receiving Facility Address

#### **AAN Aircraft is selected and Medical Team is notified:**

Flight Coordinator will select an aircraft that's strategically located, notify the medical team and obtain detailed report from the discharging hospital. All flights are under the supervision of the AAN Medical Director.



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### **4 Additional Information** **International Transfers**

Please be prepared to provide for each passenger:  
legible copies of a current non expired passport  
visas and travel documents  
(Best format is an electronic copy such as e-mail)

If you don't have a copy of the passport, please be prepared to provide the following:

Full Legal Name  
Date of Birth  
Place of Birth  
Passport Number  
Passport Expiration Date  
Home Address

### **Medical Health Insurance Coverage**

If the patient has medical health insurance, please be prepared to provide the following information:

1. Copy of the recent H&P (Health and Physical) from the Hospital or discharging facility.
2. Copy of the Health Insurance Cards both front and back.
3. Copy of the hospital or facility "Face Sheet"

### **Luggage**

Each passenger is only allowed (1) carry-on size (21" roller bag maximum) suit case. Any baggage in excess of this must be communicated to the flight coordinator to ensure that the selected aircraft will have room to accommodate additional luggage.

### **Passengers**

All passengers over the age of 18 should have a government issued identification.