



**PATRIOT AMBULANCE SERVICE WHEEL CHAIR AND AMBULANCE PRIVATE PAY FORM**

Date of Transport \_\_\_\_\_ Amount \$ \_\_\_\_\_ \*\*

Run # \_\_\_\_\_ Pts Name \_\_\_\_\_

Type (circle one)      VISA      MC      DISCOVER      AMEX

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Sec Code \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Address \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_  
(IF IN PERSON)


**OR**

Check # \_\_\_\_\_ Routing \_\_\_\_\_

Acct # \_\_\_\_\_

**\*\* Please call Patriot's Billing Department for an up to date total. 810.742.5391\*\***

**All Payment is due before the time of service. No payment will be made by credit card until after service is rendered.**

		<b>RESERVATION SHEET</b>					
		<b>SCHEDULER:</b>			<b>DOB:</b>		
<b>PATIENT NAME:</b>			<b>ROOM #:</b>				
<b>PICKUP FROM:</b>			<b>APPT TIME:</b>				
<b>DATE OF APPT:</b>							
<b>DESTINATION:</b>			<b>EQUIPMENT:</b>				
			<b>PH#:</b>		VENT	O2	
<b>TYPE:</b>	AMB	WHEELCHAIR (HAS) (NEEDS)	BARIATRIC	<b>NOTES:</b>			

