Air Ambulance Pre-approval Form

* This form must be fully completed and submitted to Medibank for approval prior to patient transport. Please email form to **escalations\_team@medibank.com.au** with the subject line: **Air Ambulance pre-approval request**.
* If patient transport is required outside business hours (Mon–Fri, 9 am–5 pm), this approval form must be submitted within 24 hours of the next business day.

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| 1. Hospital details |
| Hospital provider no. | Hospital type (public/private) | Hospital name | Hospital contracted with Medibank? |
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| Contact person | State of travel | Medibank membership no. | Patient name |
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Australian residentOverseas visitor

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| --- | --- |
| Admission date | Discharge date |
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| 2. Travel details  |
| Travelling from |  | Date |  |
| Travelling to |  | Date |  |

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| 3. Air Ambulance provider details |
| Provider name |  |
| Provider no. |  |
| Quote amount |  |

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| 4. Patient condition |

Is transport the result of an accident? Yes No

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| State the patient’s condition and the level of severity  |
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| State the reason for transportation  |
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| State the reason for Air Ambulance use (instead of other transportation)  |
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