

Life Link III Signature Form For Minors (17 Years & Under)

Patient Name: _____ Transport Date: _____

Privacy Practices Acknowledgment: by signing below, the signer acknowledges that Life Link III provided a copy of its Notice of Privacy Practices to the patient or other party with instructions to provide the Notice to the patient. ***A copy of this form is valid as an original***

SECTION I - PARENT OF MINOR CHILD

I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by Life Link III now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by Life Link III, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to Life Link III any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to Life Link III. I authorize Life Link III to appeal payment denials or other adverse decisions on my behalf. I authorize and direct any holder of medical, insurance, billing or other relevant information about me to release such information to Life Link III and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by Life Link III, now, in the past, or in the future. I also authorize Life Link III to obtain medical, insurance, billing and other relevant information about me from any party, database or other source that maintains such information.

If the patient signs with an "X" or other mark, a witness should sign below.

X _____ Parent/Guardian Signature	_____ Date	X _____ Witness Signature	_____ Date
X _____ Printed Name of Signer		_____ Witness Address	

SECTION III - AMBULANCE CREW AND RECEIVING FACILITY SIGNATURES

Complete Crew section if no parent or guardian of a minor is available.

Describe the circumstances that make it impractical for the patient to sign: _____

Name and Location of Receiving Facility: _____ Time: _____

A signature below authorizes submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by Life Link III.

A. Ambulance Crew Member Statement (*must* be completed by crew member at time of transport)

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. **My signature is not an acceptance of financial responsibility for the services rendered.**

X _____ Signature of Crewmember	_____ Date	_____ Printed Name and Title of Crewmember
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B. Receiving Facility Representative Signature

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient. **My signature is not an acceptance of financial responsibility for the services rendered.**

X _____ Signature of Receiving Facility Representative	_____ Date	_____ Printed Name and Title of Receiving Facility Representative
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Signature Form Instructions for Minors (17 Years & Under)

Section I

The patient's parent/guardian should sign and print their name in this section.

Section III

If the patient's parent/guardian is not available, then on the line that indicates "describe the circumstances that make it impractical for the patient to sign" indicate patient is a minor and no parent/guardian available. Fill in the name of the receiving facility and the time you arrived there and then one of the Life Link III crew members needs to sign option "A" Ambulance Crew Member Statement and then a representative from the receiving facility needs to sign option "B". In both cases, the name and title/certification of the person signing must be indicated on the line to the right of the signature.

For All Transports

All transports require a receiving facility signature. This is proof to the insurance payors that the patient was actually transported somewhere. Instead of creating a second signature form to capture this signature, please have the receiving facility staff person sign option "B" in Section III on all transports (regardless if you are capturing a parent/guardian signature in Section I).

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- L Listen
- I Introduce
- S Situation
- B Background
- A Assessment
- R Response
- R Recommendation