



SMMS CALL SUMMARY/RELEASE OF INFORMATION

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Table with 12 columns: RECEIVED, DISPATCHED, ENROUTE, CODE, ON SCENE, PT. CONTACT, LEAVE SCENE, CODE, AT HOSP, DEPART, AT HOSP, IN SERVICE, IN QUARTERS

Form with fields: DATE, INCIDENT #, UNIT #, DRIVER, ATTENDENT #1, ATTENDENT #2

Table with 4 columns: WAIT TIME #1, MILEAGE #1, WAIT TIME #2, MILEAGE #2. Rows: End, Start, TOTAL

Table with 4 columns: WAIT TIME #2, MILEAGE #2, WAIT TIME #1, MILEAGE #1. Rows: End, Start, TOTAL

Table with 6 columns: TIME, RR, PUPILS, B/P, O2 SAT, SKIN, HR, GCS, BGL

Form with fields: NATIVE AMERICAN (YES/NO), GENDER (MALE/FEMALE)

TRANS FROM \_\_\_\_\_

TRANS TO \_\_\_\_\_

Fixed Wing  Helo VIA \_\_\_\_\_ DESTINATION \_\_\_\_\_

BACK TO (Wait & Return) \_\_\_\_\_

WAIT TIME (beyond first 15 minutes)  YES, Explain reason for wait time below.  NO, all time after the first 15 minutes dedicated to patient care.

EXPLANATION \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ S.S.N. \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS (if different from above) \_\_\_\_\_

AHCCCS ID# \_\_\_\_\_ PLAN NAME \_\_\_\_\_

MEDICARE # \_\_\_\_\_ PLAN NAME \_\_\_\_\_

INSURANCE (other) \_\_\_\_\_ POLICY/GROUP # \_\_\_\_\_

PATIENT SUMMARY (with chief complaint and/or diagnosis): \_\_\_\_\_

PATIENT/GUARDIAN SIGNATURE

The patient, parent or legal guardian must sign here, in addition to the ePCR report. If the patient is physically or mentally incapable of signing, or a non-legal guardian (e.g. family member) is present and authorizes treatment/transportation, form Alternative Signature Attestation shall be utilized.

Note: A witness signature is required for any thumb print or mark (e.g. scribble, X, etc.) obtained other than a physical signature.

I (patient or guardian) authorize the submission of a claim to Medicare, Medicaid, or any other payer for services provided to me by SMMS 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 SMMS, regardless of 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 SMMS 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 SMMS. I authorize SMMS 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 SMMS and its billing agents, the Centers for Medicare and Medicaid Service, and/or any other payer of insurers, and their respective agents or contractors, as may be necessary to determine there or other benefits payable for any services provided to me by SMMS, now, in the past, or in the future. I also authorize SMMS to obtain medical, insurance, billing and other relevant information about me from any party, database, or other source that maintain such information. If signing this form as a witness, I am not accepting financial responsibility for services provided to this patient.

X \_\_\_\_\_ Date

Patient/Guardian Signature or Mark

\_\_\_\_\_ Date

Witness Name (Print)

Witness Signature

## SMMS TRIP TICKET

| Incident Number                | Patient Name | D.O.B |                                   |     |       |                                 |     |       |
|--------------------------------|--------------|-------|-----------------------------------|-----|-------|---------------------------------|-----|-------|
|                                |              |       |                                   |     |       |                                 |     |       |
| ITEM                           | QTY          | TOTAL | ITEM                              | QTY | TOTAL | ITEM                            | QTY | TOTAL |
| 3-Way Stop Cock                |              |       | Lactated Ringers, 1000 mL         |     |       | Tape – Silk or Cloth            |     |       |
| Abdominal Pad                  |              |       | Leur Lock Adapter (Tie Fighter)   |     |       | Tape - Duct                     |     |       |
| Ace Bandage (2" and 3")        |              |       | MAD                               |     |       | Thermal Cocoon                  |     |       |
| Ace Bandage (4")               |              |       | Mega Mover – Sheet                |     |       | Tourniquet (CAT or MAT)         |     |       |
| Ace Bandage (6")               |              |       | Mega Mover - Chair                |     |       | Tourniquet (SAM)                |     |       |
| Baby Warmer (Porta Warmer)     |              |       | Nasal Cannula – Adult             |     |       | Triangular Bandage              |     |       |
| Baby Beenie                    |              |       | Nasal Cannula – Child             |     |       | Trauma Dressing                 |     |       |
| BAM                            |              |       | Nasal Cannula - Infant            |     |       | Urinal (male)                   |     |       |
| Bed Pan                        |              |       | NG Tube                           |     |       | Urinal (female)                 |     |       |
| Bio Hoop Bag                   |              |       | Non-Rebreather – Adult            |     |       | Ventilator Circuit              |     |       |
| Bio Bag                        |              |       | Non-Rebreather – Child            |     |       | Vaseline Gauze/Dressing         |     |       |
| <b>Blood Glucose Check</b>     |              |       | Non-Rebreather -Infant            |     |       | Wash Basin                      |     |       |
| Blanket                        |              |       | Normal Saline, 1000 mL            |     |       |                                 |     |       |
| Bougie (10 fr or 15 fr)        |              |       | Normal Saline, 250 mL             |     |       | <b>List below if not found.</b> |     |       |
| Buff Cap (PRN Connector)       |              |       | Normal Saline, 100 mL             |     |       |                                 |     |       |
| Burn Sheet                     |              |       | Normal Saline, Add-Vantage        |     |       |                                 |     |       |
| Bulb Syringe                   |              |       | Normal Saline, Irrigation, 250 mL |     |       |                                 |     |       |
| BVM – Adult                    |              |       | Normal Saline, Irrigation, 500 mL |     |       |                                 |     |       |
| BVM – Child                    |              |       | NPA                               |     |       |                                 |     |       |
| BVM - Infant                   |              |       | OB Kit                            |     |       |                                 |     |       |
| Cervical Collar – Adult        |              |       | OPA                               |     |       |                                 |     |       |
| Cervical Collar - Peds         |              |       | Oxygen Tubing                     |     |       |                                 |     |       |
| Chucks                         |              |       |                                   |     |       |                                 |     |       |
| Cold Pack /Ice Pack            |              |       | PEEP Valve                        |     |       |                                 |     |       |
| <b>Cot Sheet</b>               |              |       | Pillow, disposable                |     |       |                                 |     |       |
| Coban (1" or 2")               |              |       | Probe Cover, thermometer          |     |       | Epi Pen                         |     |       |
| Coban (3" or 4")               |              |       | Pressure Infuser, disposable      |     |       | Epi Pen Jr.                     |     |       |
| Colormetric – Adult            |              |       | Pulse Ox Prob, disp. – Adult      |     |       | Activated Charcoal              |     |       |
| Colormetric – Peds (Pedi Cap)  |              |       | Pulse Ox Prob, disp. – Child      |     |       | Aspirin                         |     |       |
| CPAP (Pulmodyne)               |              |       | Pulse Ox Prob, disp - Infant      |     |       | Oral Glucose                    |     |       |
| Cric Kit (Kwik Cric)           |              |       | Razor, disposable                 |     |       | Oxygen                          |     |       |
| Defib/Pacing Pad - Adult       |              |       | Restraints, foam - Disposable     |     |       |                                 |     |       |
| Defib/Pacing Pad – Infant      |              |       | Roller Bandage, 4" (Kling)        |     |       | Adenosine (6 mg)                |     |       |
| D5W, 250 mL                    |              |       | Roller Bandage, <4"               |     |       | Atropine (1 mg/10 mL)           |     |       |
| D5W, 100 mL                    |              |       |                                   |     |       | Atropine                        |     |       |
|                                |              |       | Stylet                            |     |       | Albuterol (2.5 mg bullets)      |     |       |
| EZ-IO Needle                   |              |       | Sterile Water, 250 mL             |     |       | Amiodarone (150 mg/3 mL)        |     |       |
| ECG Electrodes – Adult         |              |       | Sterile Water, 500 mL             |     |       | Calcium Chloride (1 gm/10 mL)   |     |       |
| ECG Electrodes – Peds          |              |       | Splint – 12" Cardboard            |     |       | Diltiazem (50 mg/10 mL)         |     |       |
| ECG Electrodes' – 12 lead      |              |       | Splint – 18" Cardboard            |     |       | D50                             |     |       |
| Esophageal Detector            |              |       | Splint – 24" Cardboard            |     |       | Diazepam (10 mg/2 mL)           |     |       |
| ET Tube Holder (Peds or Adult) |              |       | Splint – 36"                      |     |       | Diphenhydramine (50 mg/1 mL)    |     |       |
| ETCO2 Mask (Zoll)              |              |       | Splint – 36" w/ foot              |     |       | Dopamine (400 mg/250 mL)        |     |       |
| ETCO2 Nasal (Lifepak) - Adult  |              |       | Syringe – 1 mL                    |     |       | Epi (1 mg/10 mL)                |     |       |
| ETCO2 Nasal (Lifepak) – Child  |              |       | Syringe – 3 mL or 5 mL            |     |       | Epi (1 mg/1 mL)                 |     |       |
| ETCO2 ET Adapter (Lifepak)     |              |       | Syringe – 10 mL                   |     |       | Epi (30 mg/30 mL)               |     |       |
| ETCO2 ET Adapter (Zoll)        |              |       | Syringe – 20 mL or 30 mL          |     |       | Fentanyl (100 mcg/2 mL)         |     |       |
| ET Tube – Cuffed (>5.5)        |              |       | Syringe – 60 mL                   |     |       | Glucagon (1 mg/2 mL)            |     |       |
| ET Tube – Uncuffed (<5.5)      |              |       | Saline Flush (10 mL)              |     |       | Ipratropium Bromide (0.5 mg)    |     |       |
|                                |              |       | Scalpel                           |     |       | Lidocaine (100 mg/5 mL)         |     |       |
| Gauze – 2x2 non-sterile        |              |       | Splint – SAM/Flexible             |     |       | Lidocaine (2 g/500 mL)          |     |       |
| Gauze – 2x 2 sterile           |              |       | SVN – 'T' Nebulizer               |     |       | Mag Sulfate (1 gm/2 mL)         |     |       |
| Gauze – 4x4 non-sterile        |              |       | SVN – Adult Neb Mask              |     |       | Midazolam                       |     |       |
| Gauze – 4x4 sterile            |              |       | SVN – Child Neb Mask              |     |       | Methylprednisolone (80 mg/5 mL) |     |       |
| Gauze - Petroleum              |              |       | SVN – Infant Neb Mask             |     |       | Morphine (10 mg/1 mL)           |     |       |
| <b>Gloves</b>                  |              |       | SVN – BVM Adapter                 |     |       | Naloxone (2 mg/2 mL)            |     |       |
| Googles/Safety Glasses         |              |       | Space Blanket                     |     |       | NTG (0.4 mg tablet)             |     |       |
|                                |              |       | Suction Canister (Disposable)     |     |       | Ondansteron (4 mg/2 mL)         |     |       |
| Hepa Mask (N95)                |              |       | Suction Canister – V-vac, etc.    |     |       | Pitocin (10 units)              |     |       |
| Headblock                      |              |       | Suction Liner                     |     |       | Phenylephrine (0.5%)            |     |       |
| Hot Pack/Heat Pack             |              |       | Suction Set (Tubing and Tip)      |     |       | Sodium Bicarb (50 meq)          |     |       |
| Humidifer (pre-filled)         |              |       | Suction Cath                      |     |       | Thiamine (100 mg/1 mL)          |     |       |
| Hypodermic Needle (all sizes)  |              |       |                                   |     |       |                                 |     |       |
| Hypodermic Needle (filtered)   |              |       |                                   |     |       |                                 |     |       |

### TRANSPORT CHARGES

|             |                  |    |        |                 |      |
|-------------|------------------|----|--------|-----------------|------|
| <b>BASE</b> |                  |    |        |                 |      |
| <b>RATE</b> | ALS              | \$ | BLS    | \$              | = \$ |
|             |                  |    |        |                 |      |
|             | <b>MILEAGE</b>   |    | mil. x | \$              | = \$ |
|             |                  |    |        |                 |      |
|             | <b>WAIT TIME</b> |    | min. x | \$              | = \$ |
|             |                  |    |        |                 |      |
|             | <b>TOTAL DUE</b> | \$ |        |                 |      |
|             |                  |    |        |                 |      |
|             |                  |    |        | <b>OXYGEN</b>   | \$   |
|             |                  |    |        | <b>SUPPLIES</b> | \$   |