Request for Transportation

**Memorandum**

TO: Optum Maryland
Maryland BHA Claims
Attention: Emergency Petitions
P.O. Box 30531
Salt Lake City, UT 84130

FROM: Name of Business or Agency
Address

Request for Reimbursement for Transportation of (Patient Name) on (Date of Service)

This is to certify that the above-named patient was transported from (Destination A) to (Destination B) as a consequence of a Petition for Emergency Psychiatric Evaluation. The patient was transported by ambulance or other vehicle containing health equipment. Every effort has been made to collect the cost of this service from the patient, responsible persons, private insurers, and Medicare and Medicaid, and payment has not been received.

Authorized Signature:

Title:

Date:

Attachments:

* Emergency Petition (DC 13/14)
* Certification of Involuntary Admission (required if transporting from an emergency room to hospital and two signatures are required)
* Invoice
* Other