



# Mesa County Hospice Ambulance Payment Authorization Request Form

Client/Patient Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ Incident # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_

Hospice Provider: <b>HopeWest Hospice</b>	Hospice Phone #: <b>(970) 241-2212</b>
Hospice Address: <b>3090 North 12th Street, Grand Junction, CO 81501</b>	Hospice Fax #: <b>(970) 257-2401</b>
Hospice Contact: <b>Access Team Manager</b>	

## AUTHORIZATION REQUEST

Date of Transport: \_\_\_\_\_

Transport From: \_\_\_\_\_

Transport To: \_\_\_\_\_

Denied Reason: \_\_\_\_\_

Print Name \_\_\_\_\_ Sign Name \_\_\_\_\_ Date: \_\_\_\_\_

Approved

On behalf of Hospice & Palliative Care of Western Colorado, I do hereby authorize Grand Junction Fire to transport the patient identified above and agree to have Hospice & Palliative Care of Western Colorado accept any charges related to this transport.

Print Name \_\_\_\_\_ Sign Name \_\_\_\_\_ Date: \_\_\_\_\_