

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.

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

Australian residentOverseas visitor

|  |  |
| --- | --- |
| Admission date | Discharge date |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. Travel details | | | |
| Travelling from |  | Date |  |
| Travelling to |  | Date |  |

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

|  |
| --- |
| 4. Patient condition |

Is transport the result of an accident? Yes No

|  |
| --- |
| State the patient’s condition and the level of severity |
| ` |
|  |
|  |

|  |
| --- |
| State the reason for transportation |
|  |
|  |
|  |

|  |
| --- |
| State the reason for Air Ambulance use (instead of other transportation) |
|  |
|  |