



FAQ

Important Disclaimer: The following FAQ section includes information regarding health provider decisions, health and payment matters—not financial matters. None of the following questions or answers constitutes medical, insurance and/or financial advice. This basic information is provided to assist patients and users with terminology and general information. When making important health care and financial decisions, please contact your physician, health care provider, insurance provider or attorney for complete information and qualified advice.

To the extent you have further questions, need further explanation for any of the questions below, feel free to contact us at (Chicago – [773.429.8880](tel:773.429.8880); Suburbs – [708.478.8880](tel:708.478.8880)), 24 hours a day, seven days a week or utilize our [Contact Us](#) page. To schedule transportation or obtain a transport quote, utilize our [Schedule | Quote Transport](#) page.

At Elite Ambulance, we are always here to serve you.

What Information do I need to provide the Elite dispatcher when I call?

- Patient's Name
- Social Security Number*
- Date of Birth
- Pick up Address (Apartment Number if applies) or Facility Name
- Where the Patient is going? (Address or Facility Name and Doctor's Names / Suite Number)
- For what reason?
- What type of Insurance the Patient has?

*Insurance Carriers and Medicare require the Patient's Social Security Number and Policy Number(s) for identification and to process the claim.

How does Elite determine what type of transportation I need?

The type of transportation is based on an industry term: "medically necessary" which is further defined below. Our dispatcher will ask:

- Can the patient walk?
- Is the patient in a wheelchair?
- Is the patient bed bound?
- Can the patient maintain a sitting position for an extended period of time?
- Does the patient need assistance to stand or pivot?

If the patient can walk or is in a wheelchair, transportation other than an ambulance should be utilized. If the patient is bed bound, cannot sit for an extended period or needs assistance to transfer, an ambulance is utilized. In all emergencies, an ambulance is utilized.

In an emergency, can Elite transport me to the hospital of my choice or do I have to be transported to the nearest hospital?

Sure, Elite Ambulance can transport you to your hospital of choice if you are stable enough for the transport, which is determined by the EMT's or paramedics who arrive to evaluate you. The information is then relayed to our medical control and the decision to go to a further hospital is then approved or denied by the medical staff. All private ambulance services use this same protocol. 911 will only transport you to the nearest facility.

How is non-emergency versus emergency transport determined?

Any patient going to an emergency room is considered an emergency. Emergency ambulance services are provided after the sudden onset of a medical condition. Acute signs and/or symptoms of sufficient severity must manifest the emergency medical condition such that the absence of immediate medical attention could reasonably be expected to result in one or more of the following:

- Place the patient's health in serious jeopardy
- Cause serious impairment to bodily functions
- Cause serious dysfunction of any bodily organ or part

In these cases, Elite would respond immediately, meaning our EMS professionals would begin as quickly as possible taking the steps necessary to respond to the call. Non-emergency transports are often scheduled in advance and may cover a variety of things as long as the patient qualifies for an ambulance including hospital to hospital transfers (to a higher level of care), change of residence, outpatient treatment, doctor's appointments, etc.

Do I call Elite Ambulance or 911 when I need an ambulance?

It is your choice; however, 911 can only go to the closest hospital, whereas Elite can transport you to your hospital of choice as long as you are stable enough for transport. Elite Ambulance EMS personnel are trained to the equivalent and/or exceeding a 911 ambulance provider.

What's the difference between Basic and Advanced Life Support?

Basic Life Support

Basic Life Support (BLS) ambulances provide transport to patients who do not require extra support or cardiac monitoring. A BLS ambulance is staffed by two Emergency Medical Technicians (EMTs) who have training in basic emergency medical care such as basic airway management, use of an automated external defibrillator (AED) and basic drug administration. Examples of BLS transports include:

- Hospital discharges
- Psychiatric discharges
- Basic Life Support emergencies such as lower extremity fractures
- Interfacility transfers
- Transport to dialysis
- Doctor's offices

Advanced Life Support

Advanced Life Support (ALS) ambulances transport patients who need a higher level of care during transport above those services provided by a BLS ambulance. The unit is staffed by two paramedics who have over 1,000 hours of education and training and are qualified to render advanced life support to patients such as advanced airway management, drug administration and cardiac monitoring under the direction of a hospital. ALS can be thought of as providing service equivalent to a local 911 agency/fire department ambulance. Patients who typically require ALS transport include:

- Medical/surgical patients with a continuous IV
- Patients on a cardiac monitor
- Patients with potential airway compromise
- Any patient deemed to have a potential complication during transport when reported by the sending facility
- Life threatening medical emergencies (For example: respiratory distress, stroke, seizure, or chest pains)

What is the difference between private and public (e.g. 911) ambulance companies?

Private ambulances are used for emergency transports, non-emergency transports and critical care transfers. Private ambulances can transfer you to your hospital of choice based upon medical stability for transfer whereas 911 can only take you to the closest hospital.

In addition, some private ambulances, Elite being one, have the capabilities to transfer high risk patients on ventilators & IV drips and manage expanded scope medications that your local 911 ambulance typically cannot.

How far in advance do I need to request services?

At Elite, we are open 24 hours a day, seven days a week, and 365 days per year. If you have a medical emergency, please contact us right away (Chicago – [773.429.8880](tel:773.429.8880); Suburbs – [708.478.8880](tel:708.478.8880)) so we can get you to the emergency room without delay. If you are looking to schedule an appointment, Elite can do so at any time, however, we like a one day notice if possible to ensure timely performance.

What non-emergency scheduled transportation (such as to clinics, regular treatments, etc.) will Medicare pay for?

Transport for a patient who has an appointment to be seen for an ongoing medical problem (e.g., wound care, dialysis, radiation) is known as a “medical transfer.” A non-emergency medical transport can also occur when a patient requires transport back to his/her residence at the end of a hospitalization. Medical Necessity for all non-emergency transports is required by Medicare, Medicaid and all insurance carriers.

What does “medically necessary” mean for ambulance transport?

Medicare states non-emergency ambulance transports are considered medically necessary when the patient’s medical condition is such that the use of any other method of transportation (e.g., taxi, private car, wheelchair coach) would be medically contraindicated (e.g., would endanger the patient’s medical condition).

Elite Ambulance transported me to the hospital. Can I request Elite transport me back home?

Sure. While hospital case managers coordinate ambulance transportation, you as the patient can ask your case manager to request transportation from your preferred ambulance service.

I’m a dialysis patient; can you provide ongoing ambulance and other transportation?

If you meet the medical necessity for an ambulance, Elite can transport you for dialysis and as long as Medicare, Medicaid or your insurance carrier gives approval. With Medicaid, this approval is recognized by a Prior Authorization Number. At Elite, we understand the needs of dialysis patients, transport many dialysis patients each week and welcome the chance to be of service to you.

How much do services cost?

Pricing is determined after factoring in a number of variables, such as emergency or non-emergency, ALS or BLS, services required (such as oxygen, IV’s, etc), as well as distance traveled, etc. To obtain a quote for your particular need, feel free to utilize our [Schedule | Quote Transport](#) link.

What do I pay? (Medicare Patients)

If Medicare covers your ambulance trip, you pay 20% of the Medicare-approved amount, after you have met the yearly Part B Deductible. In most cases, the ambulance company can’t charge you more than 20% of the Medicare-approved amount and any unmet Part B deductible. All ambulance companies must accept the Medicare-approved amount as payment in full.

What do I pay? (Insurance Patients)

Coverage of ambulance transportation by insurance carriers may vary materially based upon a patient’s individual policy. Please check with your carrier to verify your coverage. For your convenience, please refer to our [Insurance Carrier Links](#) page within our website.

What does Medicare pay?

If Medicare covers your ambulance trip, it will pay 80% of the Medicare-approved amount after you have met the yearly Part B deductible.

Do I need authorization from my insurer for my transportation?

It is always a good idea to contact your insurance provider to see what type of transportation eligibility you are covered for. If you have Medicaid/Public Aid, you must have a Prior Authorization Number before we can schedule transportation—unless your transport is a medical emergency going into an emergency room.

Am I locked into a contract?

If you are looking for transportation, Elite will not lock you into a contract. If you are with a nursing home, hospital facility or health facility and would like to discuss establishing a transportation agreement with Elite, please call (Chicago – [773.429.8880](tel:773.429.8880); Suburbs – [708.478.8880](tel:708.478.8880)) or email sales@eliteamb.net to talk with one of our marketing specialists.

What forms will I or a relative have to sign to ensure Medicare and/or my insurance carrier will process my claim before being transported?

Individuals are required to sign the EMS (Emergency Medical Services) report along with any Medicare beneficiary form provided at the time of transport. You are required to provide signatures acknowledging consent for treatment and transportation. With this signature, Elite Ambulance is authorized to submit a bill on your behalf, assign benefits to Elite allowing your medical insurance carrier to pay us directly, and acknowledge you have received Elite's Privacy Practices Notice. We cannot submit a claim to a medical insurance carrier without a signed authorization from the patient or guardian. Failure to provide a signed authorization of the patient may require Elite to seek payment directly from the patient or guarantor.

Does my insurance cover non-emergency services?

Elite provides comprehensive non-emergency transportation services to patients who need to be safely transported between locations. Insurance plans may cover medically necessary non-emergency transports, but your insurance carrier will determine whether the ambulance transportation meets its medical necessity criteria. Please check with your insurance carrier to understand the specific requirements for payment of non-emergency transport services.

Will I have to provide other documentation, such as identification or an insurance card?

Elite as well as other ambulance companies must know who the patient is. A driver's license, social security card and an insurance card are helpful to identify the patient and process the claim.

If I have Aetna Better Health Insurance or Illinicare Insurance (Medicaid), what do I need to do before getting an ambulance transport?

Your transport must be called in by your provider (First Transit or MTM Transportation). We cannot schedule your appointment unless the transport is called into us by First Transit or MTM. If you are going to an emergency room, you can call us direct at any time (Chicago – [773.429.8880](tel:773.429.8880); Suburbs – [708.478.8880](tel:708.478.8880))—emergencies do not need prior approval.

What if I don't have any coverage?

Please call and talk to one of our billing specialists to discuss payment options as we will try to work with you.

How do I obtain a copy of my medical records?

To comply with applicable laws, requests for medical records must be made in writing. In certain cases documentation and signature authorization are needed.

How do I know if Medicare didn't pay for my ambulance service?

You will get a Medicare Summary Notice (MSN) from the company that processes claims for Medicare. The notice will tell you why Medicare didn't pay for your ambulance trip. For instance, if you chose to go to a facility farther than the closest one, you may get this statement on your notice: "Payment for ambulance transportation is allowed only to the closest appropriate facility that can provide the care you need." Or, if you used an ambulance to move from one facility to another one closer to home, your notice may state: "Transportation to a facility to be closer to your home or family isn't covered." These are only examples of statements you may see on your MSN Statements, which vary depending on your situation. If you have questions about what Medicare paid, call the phone number on your MSN or 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

What is Medical Power of Attorney?

According to MedlinePlus,* medical power of attorney gives specific instructions, prepared in advance, that are intended to direct medical care for an individual if he or she becomes unable to do so in the future.

**MedlinePlus is a service of the U.S. National Library of Medicine.*

What is do-not-resuscitate order?

According to MedlinePlus, a do not resuscitate order, or DNR, is a medical order written by a doctor. It instructs health care providers not to do cardiopulmonary resuscitation (CPR) if breathing stops or if the heart stops beating. A DNR order allows you to choose before an emergency occurs whether you want CPR. It is a decision only about CPR. It does not affect other treatments, such as pain medicine, medicines, or nutrition. The doctor writes the order only after talking about it with the patient (if possible), the proxy, or family.