

Air Ambulance Transport Checklist

Flight Quote/Insurance Verification

- Call our Communication Specialists (24/7), at **(619) 754-6755**.
- Provide patient information necessary to confirm insurance in order to provide a quote:
 - Origin Facility
 - Destination
 - Name/Date of Birth
 - Medical Condition & H&P
 - Insurance information
 - Reason for Transport

Pre-Flight Coordination

- Necessary patient information to prepare an itinerary:
 - Driver's License/Passport with patient's full name
 - Face Sheet
 - Recent progress notes
 - History and Physical (H&P)
 - Insurance card, front and back (if available)
 - Current Medication Administration Record (MAR)
 - Accepting facility and physician information
- Provide the name, number, address, and email of the individual responsible for signing the air medical transport agreement (POA if applicable).
- One or two traveling companions may accompany the patient (subject to medical director approval).
- Traveling companions must provide full name, photo ID, date of birth, and weight

Day of Transfer

- Please complete the following items prior to AirEvac International's arrival:
 - Send discharge summary transfer to us as soon as it is available:
 - Fax to (619) 330-4551 or email to OPS@AEIAmericas.com
 - Please include a transfer/discharge packet for the accepting facility
 - Maintain any current IV access
 - Hold tube feedings 2 hours prior to departure time
 - Provide all scheduled medications, small meals, or treatments prior to discharge