

Non-Emergent Air Ambulance Authorization Request

Expected transport date: ____ / ____ / ____

Member Information

Member Name: _____ Date of Birth: ____ / ____ / ____

Member ID Number: _____ Member Phone Number: _____

Diagnosis Code (ICD-10): _____

Flight Specifics

Flight type: Fixed Wing (A0430, A0435) Rotary Wing (A0431, A0436)

Approximate Flight Distance: _____

Site of Patient Pickup

Site Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Site of Patient Destination

Site Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Site of nearest facility, if the destination identified above isn't the nearest facility.

Site Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Reason for transfer:

Reason ground transport is not an option/unavailable:

Name of Ordering Provider: _____ Phone Number: _____

Facility of Ordering Provider: _____

Facility Address

Street Address: _____

City: _____ State: _____ Zip: _____

Flight Provider PIN/NPI: _____

Contact Name: _____ Contact Phone Number: _____

Please complete this form and submit it as an attachment through one of the following options.

Tennessee providers may submit authorization requests at any time in Availity®. Out-of-state providers may submit authorization requests through their provider portal or Cohere®.

If you have questions about submitting a prior authorization request, please call **(423) 535-5717, option 2**, or contact your eBusiness Network Manager.