

C & C Transportation Services

coreylsimmon@gmail.com · 317.590.7840

Blanket Authorization for Transportation Services

Facility Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Ext: _____

Fax: () _____

Please check the option(s) that correspond(s) to the authorization you are providing.

____ I authorize C&C Transportation Services to transport the following patient(s) when requested by representatives of this facility.

____ I authorize the following representative(s) of this facility, in addition to myself, to request transport services of C&C Transportation Services on behalf of this facility.

This blanket authorization takes the place of individual authorization forms for each trip request, and establishes the facility's financial responsibility for the transports that meet the criteria above. I recognize that by signing on behalf of the facility I am NOT accepting personal financial responsibility for the services rendered.

Representative Signature

Title

Printed Name of Rep.

Date