**Appendix 23 Private Ambulance/Secure Transport Booking Form**

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| **Private Ambulance/Secure Transport Booking Form** |
| **This form MUST be completed on every occasion that a Private Ambulance/Secure Transport Booking is made****Mandatory information is indicated by a red asterisk \* and MUST be completed to enable payment to be made.**  |
|  |
| **Details of person making the booking** |
| Name \* |  |
| Telephone \* |  |
| Ward / Service \* |  |
| Reason for Private Transport \* |  |
| Authorised by \* |  |
|  |
| **Patient Details** |
| NHS Number \* |  |
| Responsible ICB \* |  |
| Address to be conveyed from \* |  |
| Address to be conveyed to \* |  |
| Are escorts required? | **Yes** | **No** |
| What escort provision is needed? |  |
| Date & Time of actual conveyance | **Date:** | **Time:** |
|  |
| **Is this to be re-charged to the ICB? \*** | **Yes** | **No** |
| If **Yes** please provide the details below for where the invoice is to be sent **(ensure that you have this authorised by one of their staff, request a confirmation email from the relevant ICB and forward this to finance to support the invoice )** |
| Name \* |  |
| Address \* |  |
| Authorised by: Name: Contact No: (where possible) | Date: |
|  |
| If **No** please provide the Budget Code: |
| Requisition Number \* : (must be quoted)  |
|  |
| On completion of the form, a copy **MUST** be emailed within 24 hours to:1. Your Service Manager / Modern Matron or Admin Team (as per local agreement)
2. The Secure Transport company e.g. if Exclusive; remittance@securecareservices.co.uk If V-care; finance@vcare24.co.uk.
3. **and** rdash.nca-activity@nhs.net
 |
| **All invoices sent to RDASH are to have the booking form attached and req number. Failure to do may result in non-payment. All invoices in the first instance will be paid by RDaSH and where appropriate, will then be re-charged to the appropriate ICB.** |