**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](mailto:remittance@securecareservices.co.uk) If V-care; finance@vcare24.co.uk. 3. **and** [rdash.nca-activity@nhs.net](mailto: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.** | | | | |