

1-PRIVATE PATIENT/CLIENT QUOTATION INFORMATION SHEET

Please complete all white sections of this document:

At this stage this document is a request for services, once accepted (by both parties) APMS will require further information in line with data management and processing regulations.

Name and Consent:		
Patient / Client Name		
Obtaining Consent	YES	NO
Direct Patient/Client Consent provided?	<input type="checkbox"/>	<input type="checkbox"/>
POA Consent provided?	<input type="checkbox"/>	<input type="checkbox"/>
POA evidence for welfare provided?	<input type="checkbox"/>	<input type="checkbox"/>
POA evidence for finance provided?	<input type="checkbox"/>	<input type="checkbox"/>

Journey Details:			
Outward Journey:			
Time	Address Collecting From:	Destination Address:	
Exact arrival time			
Return Journey:			
Time	Address Collecting From:	Destination Address:	
Exact arrival time			
Location:		YES	NO
Is this a return journey?		<input type="checkbox"/>	<input type="checkbox"/>
is the return on a different date?		<input type="checkbox"/>	<input type="checkbox"/>
(or) Shall you require a wait and return?		<input type="checkbox"/>	<input type="checkbox"/>

Basic needs for quotation only?		
Mobility/dexterity:	YES	NO
Walking/ no assistance required/ fit to travel by car?	<input type="checkbox"/>	<input type="checkbox"/>
Minimal assistance walking, can travel seated on an ambulance?	<input type="checkbox"/>	<input type="checkbox"/>
You / Patient is Wheelchair bound?	<input type="checkbox"/>	<input type="checkbox"/>
You / Patient requires a stretcher?	<input type="checkbox"/>	<input type="checkbox"/>
You / Patient requires an additional need (please explain)	<input type="checkbox"/>	<input type="checkbox"/>

Please return this quotation document to bookings@apmsambulance.co.uk

Medical Needs:		
Known medical needs?	YES	NO
Any specialist medical needs required? (please detail below)	<input type="checkbox"/>	<input type="checkbox"/>

Providing a Quotation:		
Conformation:	YES	NO
I am happy for APMS to provide me with a quote for services based on the details I have provided?	<input type="checkbox"/>	<input type="checkbox"/>
I am aware that APMS ambulance service will require more information once a quote has been agreed?	<input type="checkbox"/>	<input type="checkbox"/>
I am aware that the quotation may change following the exchange of more detailed/sensitive information?	<input type="checkbox"/>	<input type="checkbox"/>
I am aware that APMS ambulance service will clearly define (sharing my data, where identified) ahead of any transfer?	<input type="checkbox"/>	<input type="checkbox"/>
I am aware that the full details of my needs will be approved between APMS and myself prior to any transfer being undertaken?	<input type="checkbox"/>	<input type="checkbox"/>
I am happy to be contacted for feedback and further services by APMS Ambulance Service Ltd	<input type="checkbox"/>	<input type="checkbox"/>

APMS will only request relevant information in order to process your information to obtain the desired outcome, after the initial offer for our services; only at this stage will APMS request FULL information that we shall require to ensure the safe transportation of our clients. Please note we attempt to gather relevant information to ensure our quote represents our client's needs; however, if during the release of further information concerns are raised, we shall contact you to discuss a way forward.

Patient Declaration (have you read and understood the above?)	
Name	
Sign	
Date	

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2.PRIVATE PATIENT/CLIENT CONSENT FORMS

Your Consent			
Patient (YOUR) Details			
Your Name			
Full Address			
Contact	Landline		Mobile
			Work
	Email address		
Confirmation:			
I confirm that I have read the attached privacy notice			<input type="checkbox"/>
I confirm I have completed the quotation documentation to the best of my knowledge.			<input type="checkbox"/>
Do you require/wish a third party to act on your behalf			<input type="checkbox"/>
If YES Please give details and/or explain:			
Patient declaration:			
Name			
Date			
Sign			

Please ensure all documentation is completed to the best of your knowledge/ability, within this set of documents are consent forms to appoint third parties to act upon your behalf; please only complete these sections if they are required.

Should you choose to appoint a third party for information sharing purposes or a third party (acting power of attorney) has been appointed for you, we will in some circumstances require evidence to confirm these appointments.

We understand this process may be seem daunting; however, processes are in place to help protect you and your personal data, if you require any assistance please do not hesitate to contact us

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3.PRIVATE PATIENT/CLIENT THIRD PARTY CONSENT FORMS

Third party consent, A person acting on behalf of the named client/patient, either with their direct consent or a person/s who holds a POA with regard to the named client/patients welfare (and finance where required), completed the following (if applicable)				
Third Party Name				
Third Party Full Address				
Contact	Landline		Mobile	
	Email address		Work	

Your designated next of kin/advocate/third party				
Name of third party				
Third party address				
Contact	Landline		Mobile	
	Email address		Work	

Patient Declaration	
Name	
Sign	
Date	
Third party declaration	
Name	
Sign	
Date	
Third party declaration 2	
Name	
Sign	
Date	

EVIDENCE CHECKLIST

Where you have chosen to include/adopt a third party for information sharing and/or you have an acting power of attorney for someone, please can you ensure that all relevant documentation associating you to these rights has been provided; by providing this evidence, APMS can process your request with the current information, and this will make obtaining, communicating and sharing information more smoothly throughout this process.

Checking your documents	YES	NO
Have you completed (IN FULL) the private patient/client quotation information sheet?	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed (IN FULL) the. private patient/client consent forms?	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed (IN FULL) the. private patient/client third party consent forms?	<input type="checkbox"/>	<input type="checkbox"/>
Privacy notice read in full?	<input type="checkbox"/>	<input type="checkbox"/>
Direct Patient/Client Consent provided?	<input type="checkbox"/>	<input type="checkbox"/>
POA Consent provided?	<input type="checkbox"/>	<input type="checkbox"/>
POA evidence for welfare provided?	<input type="checkbox"/>	<input type="checkbox"/>
POA evidence for finance provided?	<input type="checkbox"/>	<input type="checkbox"/>

Please return this document (in full) APMS will review all information supplied within; following a review of your / the patients needs we shall be in touch with an initial quotation for your required transporting service.

May we remind you that this is a quotation, which is subject to change, should you choose to accept our initial quotation we will need to ask you more details; these are more in depth and are focused on your needs and requirements, your quote may change should we identify a higher level of care delivery and/or additional services.

You will e fully informed throughout this procedure and a finalised invoice and transfer sheet (patient record) will be sent for your approval.

Please return all documents to the email bookings@apmsambulance.co.uk or your case manager (where already shared)

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