

# BestCare Ambulance Services, Inc.

**P.O. Box 1057**  
**Alton, NH 03809-1057**  
**1-800-559-5880 Transfers**  
**1-800-439-9293 Business**

## Procedure: Paperwork: Charge Sheet

**Effective Date:** Tuesday, March 20, 2001

**Reviewed:**

**Revised:**

Accurate Billing is absolutely critical for your paycheck. BestCare uses a charge sheet to assure that patients are correctly charged for all of the services provided.

The form is designed to be used with a highlighter, contained in each BestCare clipboard, but can be done by circling items with a pen. The highlighter is the preferred method.

BestCare Ambulance Services, Inc.									
P.O. Box 1057									
Alton, NH 03809-1057									
1-800-559-5880									
PCR#: _____		Name: _____			DOS: ____ / ____ / 2001				
Transport From:		Transport To:							
Huggins	BUSVMO	DHMC	Genesis F	Huggins	Portsmouth	WDH			
L.R.G.H.	B.C.N.H.	Eliot	Genesis L	L.R.G.H.	Residence				
Speare	CMC	Franklin	Goldview	Maine Med	Speare				
BCNH	Concord	Frisbie	HealthSouth	M.V.N.H.	Sunbridge				
<input type="checkbox"/> Round Trip									
Other _____		Other _____							
Diagnosis									
USA	AMI	Syncope	CVA	CHF	COPD	Inter-cranial bleed	Dementia		
A-ib	Cardiomyopathy	V-tach							
1 _____ 2 _____									
Justification for Ambulance Transportation									
___ C.A.B.G. ___ Pacemaker ___ Rehab Svcs ___ ACLS ___ Immbd for FX. ___ Risk to self									
___ L.H.C. w/ pos. revascularization. ___ Constant Skilled Nursing supervision									
___ Svcs not avail at referring facility ___ Protect pt from injury during trip									
1 _____ 2 _____									
Care Level					Services				
Basic	Oxygen	Central Line	ETT						
Intermediate	Monitor	Chest Decom	IV						
Paramedic		Defib/Pacing	Surgical Airway						
Medications									
DSW	Lidocaine	2 3 4							
Osw 1/2 NS	Morphine	2 3 4							
Dopamine	Nitroglycerin	2 3 4							
Heparin	NS	2 3 4							
Integrin	Valium	2 3 4							
LR	Versed	2 3 4							
SCT RT RN MD/DO Treatments beyond paramedic scope of practice									
*** Please be sure to describe the reasons for the treatments as well as the need for specialty care personnel on NRP ***									
<input type="checkbox"/> Carol, please check run form for additional treatments not listed here									

### PCR#

The first request for information is the PCR# which is a BestCare accepted abbreviation meaning Patient Care Record Number

PCR# \_\_\_\_\_

The PCRN can be found in the top center of the front Page on the New Hampshire Run Sheet

This number must be accurately copied. It must be clearly written as this is a complete link to all of the data for this patient.

Enter the Patient Name and Date of Service in the spaces Provided.

PCRN 934267 Name Cartman Eric DOS 8/23/2001

### Transport From and to:

There are currently five choices on this form for the “from” location from which a patient can be transported, reflecting the facilities we serve most frequently. Please highlight the facility is being transported from.

In the event that the patient is being transported from a facility that is not listed. Then it is should be written in after Other in this section. Common abbreviations are acceptable, however is there is uncertainty, or it is a facility that we have never transported from, please write out the whole name.

In the example below the patient is being transported from Speare Memorial Hospital in Plymouth, NH.

Transport From:	Transport To:					
Huggins	BI/BW/MG	DHMC	Genesis F	Huggins	Portsmouth	WDH
L.R.G.H.	B.C.N.H.	Elliot	Genesis L	L.R.G.H.	Residence	
Speare	CMC	Franklin	Goldenview	Maine Med	Speare	
BCNH	Concord	Frisbie	HealthSouth	M.V.N.H.	Sunbridge	
FRH						
Other	Other					

**Round Trip**

There are currently twenty one choices on this form for the “to” location from which a patient can be transported, reflecting the facilities we serve most frequently. Please highlight the facility is being transported from.

In the event that the patient is being transported to a facility that is not listed. Then it is should be written in after “Other” in this section. Common abbreviations are acceptable, however if there is uncertainty, or if it is a facility that we have never transported from, please write out the whole name.

In the example above the patient is being transported to Catholic Medical Center in Manchester, NH

In some instances a patient will go for a round trip. Such as for a specific procedure. Like a MRI or ERCP. Highlight round trip to save writing a completely new packet .

### Diagnosis and reason for transport.

The most common diagnosis for transporting patients are written on the charge sheet so that they may be easily highlighted.

There are many diagnosis or conditions which may need to be written into the space provided for diagnosis.

In the example below the chief complaint or diagnosis which makes the ambulance service necessary is USA, or Unstable Angina.

Diagnosis							
<input checked="" type="checkbox"/> USA	<input type="checkbox"/> AMI	<input type="checkbox"/> Syncope	<input type="checkbox"/> CVA	<input type="checkbox"/> CHF	<input type="checkbox"/> COPD	<input type="checkbox"/> Inter-cranial bleed	<input type="checkbox"/> Dementia
<input type="checkbox"/> A-fib	<input type="checkbox"/> CardioMyopathy		<input type="checkbox"/> V-tach				
1 _____				2 _____			
Justification for Ambulance Transportation							
<input type="checkbox"/> C.A.B.G.	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Rehab Svcs	<input type="checkbox"/> ACLS	<input type="checkbox"/> Immob for FX.	<input type="checkbox"/> Risk to self		
<input checked="" type="checkbox"/> L.H.C. w/ pos. revascularization.				<input type="checkbox"/> Constant Skilled Nursing supervision			
<input checked="" type="checkbox"/> Svcs not avail at refering facility				<input type="checkbox"/> Protect pt from injury during trip			
1 _____				2 _____			

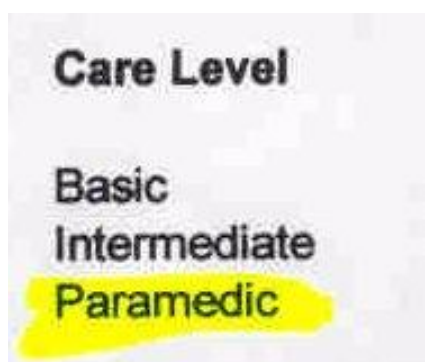
The most common reasons justifying why a patient must be transported by an ambulance, as opposed to a wheelchair van or taxi, are written on the charge sheet so that they may be easily highlighted.

There are many justifications or conditions which may need to be written into the space provided for this.

In the example above the patient must be transported because he needs a Cardiac Catheterization, and these services are not available at the referring facility. Bear in mind that this is not a complete list and that accurate completion of the Narrative fill in form is integral to the successful billing which pays our salaries.

### Care Level

The Care level is the BestCare staffing level required to treat a patient. Basic, Intermediate, Paramedic.



In certain circumstances a paramedic or intermediate may be required even if no advanced skills are performed. An example would be a patient with a hep-lock who may or may not need pain control during a transport.

In these instances this need for higher level care should also be indicated on the New Hampshire transfer sheet as well.

### Services

Services describe procedures for the most part. Please highlight any procedures given to the patient during transport. If they are not listed, please write them in.



### Medications

Medications			
D5W	Lidocaine	2 3 4	
D5w 1/2 NS	Morphine	2 3 4	2 3 4
Dopamine	Nitroglycerin	2 3 4	
Heparin	NS	2 3 4	2 3 4
Integrelin	Valium	2 3 4	
LR	Versed	2 3 4	2 3 4

The most common Medications are written down and can be easily highlighted.

There are blank spaces provided to write in drugs not listed.

Drugs such as Morphine which can get multiple administrations have numbers to the right of them which should be highlighted to reflect the number of administrations.

In the example below the patient was given two separate administrations of morphine.

	Lidocaine	2 3 4
IS	Morphine	2 3 4
	Nitroglycerin	2 3 4

## SCT

Specialty Care Transport are ones in which additional staff from facilities must accompany a BestCare crew to meet the needs of the patient.

In the below example a nurse from the hospital accompanied the crew. Presumably for the administration of Integrelin® which is not on the Paramedic drug list at the time of this writing.

SCT	RT	RN	MD/DO	Treatments beyond para
*** Please be sure to describe the reasons for the treatments as well as the need for spe				

Again the most common are present to be highlighted.

It is assumed that the reason for the need of these additional staffing will be well documented on the Narrative fill in form and an additional explanation will be written on the reverse side of this form.

Please check the self explanatory box to let Carol know there is an explanation or additional treatments listed on the backside of the form.



Carol, please check run form for additional treatments not

GO TO:

[Paperwork Procedure](#)

[Return to Index](#)

© BestCare Ambulance Services, Inc. 2000-2004. All rights reserved.