

Air Ambulance Data Report – Group Health Plans, Health Insurance Issuers, and FEHB Carriers

Organization Information

O1	Reporting Period	
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Submitting Entity Information

O2	Entity Name	
O3	FEIN	
O4	Point of Contact: Name	
O5	Point of Contact: E-mail	

Responsible Entity Information

O6	Entity Name	
O7	FEIN	

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Claims Data

C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13
Plan Name	Issuer or Plan Sponsor Name	Issuer or Plan Sponsor FEIN	Market Type	FEHB Plan Code	Date of Service	NPI	NPI Street Address	NPI City	NPI State	NPI Zipcode	CPT / HCPCS Code	Loaded Statute Miles

C14	C15	C16	C17	C18	C19	C20	C21	C22	C23	C24	C25	C26
Pick-up Location Zipcode	Drop-off Location Zipcode	Aircraft Type	Contracted Provider	Emergent Transport	Inter-Facility Transport	Delivery Model	Was Claim Denied?	Denial Reason	Was Claim Denial Appealed?	Was Claim Paid after Appeal?	Submitted Charge – Base Rate	Submitted Charge – Mileage

C27	C28	C29	C30	C31
Submitted Charge – Other	Paid Amount – Base Rate	Paid Amount – Mileage	Paid Amount – Other	Cost Sharing Amount

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-XXXX. The time required to complete this information collection is estimated to average 24 hours per response, including the time to review instructions, to make IT changes to collect, consolidate and report the required information, in the required format, to HHS. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.