



Alpha Care Ambulance Patient Transport Booking Form

Telephone/Fax 01491 832001

PATIENT DETAILS:

| | | | | | |
|----------------------------|----------------------|-----------------|---------------|-----------------|--------------|
| Patients name | | | | | |
| Sex | Age | Mobility | | | |
| M / F | | Amb | WC | C2 | C1 |
| Home Address | House Name / Number | | | | |
| | Street | | | | |
| | Town | | | | |
| | County | | | | |
| | Postcode | | | | |
| | Telephone | | | | |
| | Special Instructions | | | | |
| Medical condition | | | | | |
| Comments / Requests | | | | | |
| Escort: | | Nurse | Doctor | Relative | Other |
| Escort Name: | | | | | |

TRANSPORT REQUIREMENTS:

| | |
|----------------------|--------------------------|
| FROM: | TO: |
| Location | Location |
| Street | Street |
| Town | Town |
| County | County |
| Postcode | Postcode |
| Telephone | Telephone |
| Pick Up Time: | Appointment Time: |

BOOKING DETAILS:

| | | | |
|---------------------------------|-------------------------|--|--|
| Booking Reference Number | Invoice Address: | | |
| Contact | Company/Organisation | | |
| Company/Organisation | Street 1 | | |
| Telephone | Street 2 | | |
| | Town | | |
| ACA Office Only: | County | | |
| Booking Taken by | Postcode | | |
| Time | Notes | | |
| Date | | | |

Please Note: All bookings are subject to Alpha Care Ambulance's Standard Terms and Conditions (overleaf).
Faxed bookings must be confirmed verbally with Alpha Care Ambulance.



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Standard Patient Transport Terms and Conditions

January 2003

| | |
|---------------------------|--|
| Definitions | <p>“Company” means “Alpha Care Ambulance Service”</p> <p>“Patient” means the person or persons transported by the Company from a given place of pick up, to a stated destination.</p> <p>“Contract” means the agreement between the Company and the patient to provide the service.</p> <p>“Services” means the conveying of the Patient by the Company from one destination to another destination, or the attendance of ambulances and crews at an event as specified on the booking form, as the case may be.</p> |
| Charges | <p>The patient is solely responsible for payment of the Company’s charges.</p> <p>Charges are calculated from the time the ambulance leaves the ambulance base to the time it arrives back to the base, including any traffic delays and/or waiting time.</p> |
| Payment | <p>Payment in full must be made by the patient within 21 days of the date of the invoice.</p> <p>Late payments will be subject to interest at 2% per month or part thereof.</p> <p>No set-off sums due or part thereof is allowed without written agreement of the Company.</p> |
| Timing | <p>The Company will use its best endeavours to comply with any requested times for pick up and/or delivery of the patient, but will not accept any liability for any delays beyond its control.</p> |
| Termination | <p>The Company reserves the right to terminate any agreement to provide a service at any time, without liability, which termination shall not constitute a repudiation of the contract.</p> |
| Third Party Rights | <p>Nothing in this contract confers or purports to confer any right to enforce any of its terms on any person who is not a party to it</p> |
| Law | <p>The laws of England shall apply to all disputed matters.</p> |