



Medical Escort Reimbursement Form

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Medical escorts are physicians, nurses or respiratory therapists who accompany and provide medical care to patients during transport. The following information is required in order to assess your account:

- **General Information**
- **Patient Information**
- **Expenses**

➤ **GENERAL INFORMATION:**

Hospital (Claimant) Name and Address:

Contact Name and Telephone Number:

Escort Name:

➤ **PATIENT INFORMATION:**

Patient’s OHIP No:

Patient’s Last Name:

Initials:

Patient’s First Name:

Sex:

Date of Birth:

Patients Ontario Address:

Home Telephone No:

Business Telephone No:

City, Town:

Province:

Postal Code:

Flight Number:

Patient Number:

➤ **EXPENSES:**

ITEM DESCRIPTION	TOTAL EXPENSE	LESS HST	TOTAL TO BE REIMBURSED
TOTAL			

Please complete this form submit a copy to finance-ap@ornge.ca, or to the address below:

ATTN: Accounts Payable
Ornge
5310 Explorer Drive,
Mississauga, ON L4W 5H8

If you have any questions, feel free to visit our online Healthcare Partner Portal at:
www.ornge.ca/healthcare



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