

What Happens After Your Emergency Air Medical Transport by a GMR Air Medical Provider

STEP 1

You receive a FAQ and our contact information.

STEP 2

Our Patient Advocates reach you by phone and/or written communication to request and confirm information.

This is typically to confirm items like insurance policies, date of birth, and mailing address.

STEP 3

You receive an authorization form by mail and return the signed copy to us.

STEP 4

We work with insurance, Medicare, or Medicaid to process your claim, or work with you if you don't have insurance.

STEP 5

Medicare Part B*

You will be responsible for a co-pay and deductible (if you haven't already met it).

**Medicare Part A does not include coverage for air medical services. Medicare Part B or Medicare Advantage plans typically cover air medical services.*

Medicaid

Some, but not all, Medicaid plans cover air ambulance transports. We will help you determine if you are covered.

Private Insurance

You may receive an explanation of benefits (EOB), from your insurance company. This is not a bill and not necessarily what you will have to pay.

No Insurance

We will work with you to find appropriate payer sources that might assist with reimbursement (i.e. Crime Victims, Medicaid, or coverage through auto or third-party liability insurance).

One of our Patient Advocates will be in touch to support this process

STEP 6

If your insurance carrier denies or under-pays the claim, we will work as a liaison with you and your insurance carrier. Even if this takes several months, we will continue to work on your behalf throughout the entire process.

STEP 7

If a balance is left over, our Patient Advocates will work with you to come to a satisfactory resolution.