

Air ambulance flight information (non-emergency)

For Blue Cross Blue Shield of Michigan commercial and
Blue Care Network commercial members

Updated February 2026

If you're experiencing temporary technical problems that prevent you from accessing the [Alacura PreAuth Portal](#), complete this form and fax it to Alacura Medical Transport Management at 1-844-608-3572. Include clinical documentation that supports the request.

See the [Non-emergency air ambulance prior authorization program: Overview for Michigan and non-Michigan providers](#) document for additional information about the program.

Today's date:

Flight classification:

☐ Emergency ☐ Non-emergency

☐ Prior authorization request ☐ Retroactive authorization request

Requesting provider information

☐ Facility:

☐ Ambulance provider:

Contact person's name:

Contact person's phone number:

Contact person's fax number:

Contact person's email address:

Are you a participating provider with Blue Cross Blue Shield of Michigan and Blue Care Network? ☐ Yes ☐ No

Air transport service company name (if assigned):

Member information

Member ID (contract) number, including the three-digit prefix:

Group number:

Date of birth:

First name:

Last name:

Diagnosis (ICD-10):

Flight specifics

Flight type: ☐ Fixed wing ☐ Rotary wing

Approximate
flight distance:

Requested
date of service:

Site of patient pickup (name and location):

Site of patient destination (name and location):

Site of nearest facility (name and location), if the destination identified above is not the nearest facility:

Reason for transfer:

Name of ordering provider (emergency department physician or other physician):

Phone number of ordering provider:

Facility name with which ordering provider is associated:

Facility address:

Is the destination in Michigan? ☐ Yes ☐ No