

Event Request for Emergency Services

As part of our commitment to the health and safety of our community, Central Montana Medical Center strives to provide low-cost or no-cost emergency services at community events that support healthcare and healthy living. We evaluate requests based on the following considerations: charitable/nonprofit event/organization; number of people served; threat and degree of potential injuries; and availability of CMMC staff and/or ambulance.

To request emergency services for an event, requestors must complete this form. CMMC will respond to all requests confirming availability and eligibility for donated services, if applicable. Events that do not meet our donation criteria may still receive services at rates to be agreed upon by CMMC Ambulance Services and the requesting organization. Please provide billing information to expedite this process.

Please submit completed forms to Marsha Zibell, ambulance manager, at mzibell@cmmccares.com or by mail at Marsha Zibell, Ambulance Department, Central Montana Medical Center, 408 Wendell Ave Lewistown, Montana 59457.

Event name: _____

Description of event /
activity: _____

Sponsoring/Hosting Organization: _____

Contact person name: _____

- Email: _____
- Phone number: _____

Billing Information: please provide in the case your event does not qualify for donated services, but you would still like to receive an estimate of fees for service.

-Billing contact name: _____

- Address: _____

Expected attendance (*participants*): _____

Expected attendance (*audience*): _____

Event location: (*Include address as well as an approximate site/ area for emergency services to be located*): _____

Event date: _____

Event hours requested: _____

Event requested services: _____

For Hospital Use:

Received date: _____

Grant request Y/N _____

Estimated

Fees: _____

Confirmed

date: _____

Assigned

staff: _____
