



702-GEMS-911 • (702-436-7911)
 Fax: 702-207-0599

PHYSICIAN CERTIFICATION STATEMENT

Medical Necessity for Non-Emergency Ambulance Transportation

I. **Transport Date:** _____ / _____ / _____

(PCS is valid for round trips on this date and for all repetitive trips in the 60-day range)

Origin: _____ **Floor/Unit:** _____

Destination: _____

Patient Name: _____ **DOB:** _____ **Sex:** _____

HIC/Medicare Number: _____ **Physician Name:** _____

Phone Number: _____ **Fax Number:** _____

Complete by explaining the reason(s) why the patient requires non-emergency ambulance services.

II. **Patient is unable to sit or travel in a wheelchair due to:**

Monitoring/treatment is required **during** transport.

(Please check off and explain in detail any of the following that would support the ambulance transport)

- Ventilator dependent (Please explain below)
- IV Medications required en route (Please explain below)
- EKG/ECG monitoring required en route (Please explain below)
- Requires assistance to administer oxygen en route (Please explain below)
- Requires suctioning/airway control en route (Please explain below)
- Psychiatric Hold Requires Restraints Flight Risk
- Risk of falling out of a wheelchair in motion due to: (Please explain below)
- Isolation precautions due to: (Please explain below)
- Orthopedic device that prevents transport by wheelchair or other means: (Please explain below)

III. **What special services/treatments were needed and not available at sending facility?** (Hospital to hospital only)

Services not available _____

Was the patient discharged from sending facility? Yes No

I certify that I am familiar with the patient's condition and have determined that the patient's medical record supports the ambulance transportation for the reason(s) specified. Ambulance service is hereby ordered.

*(For repetitive patients, **only** a physician may sign)*

Please check one:

- Physician Registered Nurse (R.N.) Discharge Planner Nurse Practitioner Physician Assistant CNS

Print Name

Signature

Date