PHYSICIAN CERTIFICATION STATEMENT (PCS)

Non-Emergency Ambulance Transportation

Transport Date: ____________________ Transport #: ______________________ HIC/Medicare #: ____________________

Patient Name: ____ DOB: ____________________

Physicians Name: ____ Phone: _________________ Fax:________________

The section below must be completed by the patient's attending physician or authorized designee.
AMR Personnel may not complete this section.

MARK ALL REASONS WHY THE PATIENT REQUIRES NON-EMERGENCY AMBULANCE SERVICES.

☐ **Patient unable to sit safely in a wheelchair while vehicle in motion due to:**

____

☐ **Patient requires monitoring/treatment during transport:** (check all applicable items below)

- ☐ **Ventilator** dependent
- ☐ **IV** medication required en route
- ☐ **ECG** monitoring required en route
- ☐ **Oxygen assistance** required en route
- ☐ **Suctioning/airway control** required en route

☐ **Psychiatric Hold** ☐ **Requires Restraints** ☐ **Flight Risk**

☐ **Isolation Precautions** due to: ____

☐ **Special Positioning or Handling required** preventing transport by wheelchair or other means (describe positioning or handling necessary):

____

☐ **Other:** (explain below)

____

____

HOSPITAL TO HOSPITAL ONLY

What special services/treatments were needed and not available at sending facility?

____

____

Was patient discharged from sending facility? ☐ Yes ☐ No

I certify I am familiar with the patient's condition and have determined the patient's medical record supports ambulance transportation for the reason(s) specified above. Ambulance service is hereby ordered **(for repetitive patients, only a physician may sign). Please check one:**

☐ Physician ☐ RN ☐ Discharge Planner ☐ NP ☐ PA ☐ CNS

____

Print Name Signature Date

Physician Certification Statement Pursuant to CFR [Section 410, 40 (d) (2-3)]

Medicare Part B benefits are payable for ambulance services only when the use of any other method of transportation is contraindicated by the patient's condition. The Centers for Medicaid Services requires documentation of the medical necessity for such services.