

**Physician Certification Statement for Ambulance Services**  
**SECTION I – GENERAL INFORMATION**

Patients Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Medicare#: \_\_\_\_\_  
Initial Transport Date: \_\_\_\_\_ Repetitive Transport Expiration Date (Max 60 Days from Date Signed): \_\_\_\_\_  
Origin: \_\_\_\_\_ Destination: \_\_\_\_\_

**SECTION II – MEDICAL NECESSITY QUESTIONNAIRE**

**Ambulance Transportation is medically necessary only if other means of transport are contraindicated or potentially harmful to the patient. The following questions must be answered by the signing medical professional for this form to be valid:**

**1) Describe the PHYSICAL OR MENTAL CONDITION of this patient AT THE TIME OF AMBULANCE TRANSPORTATION that requires the patient to be transported on a stretcher in an ambulance and why transport by other means is contraindicated by the patient's condition:**

\_\_\_\_\_

**2) Can this patient safely be transported in a wheelchair van (i.e., seated for the duration of the transport and without medical attendant?)**  Yes  No

**3) In addition to completing question 1 and 2 above, please check any of the following conditions that apply. Supporting documentation for any boxes checked must be maintained in the patient's medical records**

- Contractures  Unhealed fractures  Moderate/severe pain on movement
- IV meds/fluids required  Special handling/isolation required
- Third party assistance required to administer, regulate or adjust oxygen en route.  Requires suctioning en route
- Restraints (physical or chemical) anticipated or used during transport.
- Patient is confused, combative, lethargic, or comatose.  Danger to self/others.
- Cardiac/hemodynamic monitoring required en route.
- DVT requires elevation of a lower extremity.
- Orthopedic device (backboard, halo, use of pins in traction, etc.) requiring special handling during transport.
- Unable to maintain erect sitting position in a chair for time needed to transport.
- Unable to sit in a wheelchair due to pressure ulcers or wounds on buttocks or lower back. State location in section 1.
- Stage 3 or 4 ulcer in any location. State location in section 1.
- Morbid obesity requiring additional personnel/equipment to safely handle patient.

**SECTION III – SIGNATURE OF PHYSICIAN OR HEALTHCARE PROFESSIONAL**

I certify that the above information is true and correct based on my evaluation of this patient and represent that the patient requires transport by ambulance due to the reasons documented on this form. I understand that this information will be used by the Centers for Medicare and Medicaid Services to support the determination of medical necessity for ambulance services, and that I have personal knowledge of the patient's condition at the time of transport.

Physicians NPI: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician\* or Healthcare Professional

\_\_\_\_\_  
Print Name and title clearly

\_\_\_\_\_  
Date Signed

**\*Forms must be signed only by patient's attending physician for scheduled repetitive transports. For non-repetitive, unscheduled ambulance transports, the form may be signed by any of the following if the attending physician is unavailable to sign (please check appropriate box below).**

Physician Assistant  Clinical Nurse Specialist  Registered Nurse  Nurse Practitioner  Discharge Planner  Physician

1. The purpose of this document is to provide a comprehensive overview of the current status of the project and to identify the key challenges that must be addressed in order to ensure its successful completion.

2. The project has made significant progress since the last meeting, with several key milestones being achieved. However, there are still a number of areas that require further attention and resources.

3. The following table provides a detailed breakdown of the project's progress to date, including the status of each task and the estimated completion date.

4. It is important to note that the project's success is heavily dependent on the timely completion of the tasks outlined in the table above. Any delays in these areas could have a significant impact on the overall timeline and budget of the project.

5. In order to address these challenges, it is recommended that the project team focus on the following key areas of improvement:

6. The project team should continue to maintain open communication and provide regular updates on the progress of the project. This will ensure that any potential issues are identified and addressed as early as possible.

7. The project manager should ensure that the team is well-resourced and that all team members are clearly defined in their roles and responsibilities.

8. The project team should also consider the possibility of external support and resources that may be available to assist in the completion of the project.

FACILITY NAME:

RN/MD ASSESSMENT FORM  
SUPPORTING PCS DOCUMENTS  
NARRATIVE

Date: \_\_\_\_\_

Patient Name:
Date of Birth:
Medicare #:

1. COGNITIVE STATE

- Alter-Mental Status \_\_\_\_\_
- Confusion \_\_\_\_\_
- Semicomatose \_\_\_\_\_

ABOVE CREATING BED CONFINEMENT STATUS UNSTEADY GAIT/FALL RISK

2. MEDICAL STATEMENT

- Requires Cardiac Monitoring \_\_\_\_\_
- Requires Intravenous Medication Drips \_\_\_\_\_
- Requires Oxygen and/or Suctioning Devices, Ventilator \_\_\_\_\_
- Stage 4 Decubiti Location: \_\_\_\_\_  
\_\_\_\_\_
- Morbid Obesity Approx. BMI \_\_\_\_\_  
\_\_\_\_\_
- Isolation Precautions \_\_\_\_\_

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both primary and secondary research techniques. The primary research involved direct observation and interviews with key stakeholders, while secondary research was conducted through a review of existing literature and reports.

The third section details the findings of the study. It highlights several key trends and patterns that emerged from the data. These findings are presented in a clear and concise manner, using tables and graphs where appropriate to illustrate the points.

Finally, the document concludes with a series of recommendations based on the research findings. These recommendations are designed to provide practical guidance for the organization, helping it to address the challenges identified during the study and to capitalize on the opportunities that have been identified.

The data collected during the study shows a clear upward trend in the number of transactions over the period. This is likely due to a combination of factors, including increased market activity and improved operational efficiency.

One of the most significant findings was the identification of a key area for improvement. This area, which has been identified as a major bottleneck, needs to be addressed as a matter of priority. The recommendations provided in the document offer a clear path forward for addressing this issue.

It is important to note that the success of these recommendations will depend on the organization's ability to implement them effectively. This requires a commitment to change and a focus on continuous improvement.

Patient Name:

Date:

**3. MOBILITY LIMITATIONS**

Contractures

Fracture Bones

Orthopedic Devices:  
Braces, Collars, Halo,  
Backboard

Physical or Chemical  
Restraints

**4. PSYCHIATRIC LIMITATIONS**

Danger to Self/Others

Combative Requiring as  
Above Physical or  
Chemical

Narrative:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Healthcare Professional**

\_\_\_\_\_  
**Print Name and Title Clearly**

\_\_\_\_\_  
**Date Signed**

- Physician
- Physician Assistant
- Clinical Nurse Specialist
- Registered Nurse

[The page contains extremely faint and illegible text, likely bleed-through from the reverse side of the document. The text is arranged in several paragraphs and is mostly unreadable.]