

**LIFE AMBULANCE SERVICE, INC.
DISPATCH 779-2111 FAX 771-6054
PHYSICIANS CERTIFICATE OF MEDICAL NECESSITY
FOR NON-EMERGENCY AMBULANCE TRANSPORT**

Patient's Name: _____ Medicare # _____

Date of Transport: _____ Medicaid # _____ PAN # _____

Transfer from: _____ Physician's Name: _____

Destination/Address: _____

Inter-Hospital Transfer (specify reason for ambulance transport, and what service is available at the second facility that is not available at the first facility) _____

TO BE COMPLETED BY FACILITY AT TIME OF TRANSPORT

DIAGNOSIS AND MEDICAL CONDITIONS REQUIRING TRANSPORT: _____

Bed Confined (at time of transport):

Unable to get up without assistance, unable to ambulate,
unable to sit in a chair or wheelchair:

Reason: _____

Medical Conditions, Patient Safety,

Danger to Self or Others en route:

Examples: In restraints – Monitoring – Seclusion
(Flight Risk) – Risk of falling off wheelchair or
stretcher while in motion:

Reason: _____

Patient Monitoring en route:

Examples: Cardiac – Advanced Airway – IV Meds.
Chemical Restraints – Suctioning Required – Airway
Control/Positioning – Oxygen Administration (not
able to self-administer):

Reason: _____

Medical Conditions, Special Handling en route:

Examples: Isolation – Patient Size – Orthopedic Device
Physical Assistance – Severe Pain -
Positioning to avoid further injury (Contractures,
Grade 2 decubitus on buttocks, recent extremity fractures):

Reason: _____

In my professional medical opinion, this patient requires transport by ambulance and should not be transported by other means. The patient's condition is such that transport by medically trained personnel is required:

Signature of Physician: (Physician must sign for repetitive patients)*	DATE SIGNED:
Name of Physician:	

***** OR *****

Signature of NP, CNS, RN, PA, or Discharge Planner: (Acceptable for all non-repetitive patients)	DATE SIGNED:
Name And Title:	

* Repetitive patients are patients transported 3 times in a 10-day period for scheduled non-emergencies or 1 transport per week for a three-week period.