PHYSICIAN CERTIFICATION STATEMENT (PCS)

APS AMBULANCE

Phone: (816) 709-1132 **Dispatch Fax: (816) 527-0116**

1. MEDICAL NECESSITY for Non-Emergency Ambulance Transportation

Transport Date _____ (Not required for repetitive patients) Transport #: _____

Origin: _____ Floor/Unit: _____

Destination: _____ Gender: _____

Patient Name: _____ DOB: _____ HIC/Medicare #: _____

Physician Name: _____ Phone: _____ Fax: _____

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

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)

☐ 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)

_____

_____

_____

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

☐ Services not available: _____

Was patient discharged from sending facility? ☐ Yes ☐ No

4. Signature Requirements:

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.

Please check your credentials below and Print and Sign your name:

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

_____

Print Name Signature Date

Prior authorization required for Missouri Medicaid Patients requiring non-emergency ambulance transport through Logisticare at 1-866-269-5927

Please Note: 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.

Physician Certification Statement Pursuant to CFR [Section 410.40 (d) (2-3)]