Phone 616-459-8228
Fax 616-454-3375

PHYSICIAN CERTIFICATION STATEMENT (PCS)

Non-Emergency Ambulance Transportation

Transport Date:_____ Transport #: _____ HIC/Medicare #: _____

Origin: _____ Destination: _____ Floor/Unit: _____

Patient Name:_____ DOB:_____ Gender: _____

(Full) Physician Name:_____ **NPI #:** _____

The section below must be completed by the patient's attending physician or authorized designee.

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:**

_____

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

_____

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

- ☐ **Ventilator** dependent
- ☐ **IV** medications 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:_____

☐ **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. **Please check one:**

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

Staff Signature	(Full) Printed Name	Title	Date

Physician Signature	(Full) Printed Name	NPI #	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 Medicare and Medicaid Services requires documentation of the medical necessity for such services.