Physicians Certification Statement
For Ambulance Transportation

TO:	Phone:	Fax:
From: Regional EMS & Critical Care Inc.	Phone: (610) 377-9027	Fax: (610) 377-9120 Ext.

Instructions: Medicare Part B pays for ambulance transportation only if other means of transportation would endanger the beneficiary's health (42 CFR Part 410.20(d)(2)). This form has been designed to assist the physician, the facility, the Medicare beneficiary and the ambulance company to determine if Medical Necessity has been met. Please complete all sections of this form and have the patient's physician sign the form prior to transport.

The completed form should be faxed to Regional EMS & Critical Care Inc. at: (610) 377-9120 Ext.

Section 1 - Beneficiary Information

Name:		Date of Service:		Run #: 0
Sex:	DOB:	Age:	Patient's SSN:	
Medicare No:		Part B? ☐ Yes ☐ No	Medicaid No:	
Is the patient's stay covered under Medicare Part A (PPS or DRG) benefits for this date of service?			☐ Yes	☐ No
Is this a round trip transport?	☐ Yes	☐ No		

Section 2 - Medical Necessity Information *(to be completed by physician)*

A patient is bed confined if he/she is unable to get up from bed without assistance, unable to ambulate, and unable to sit in a chair. Ref. 42 CFR 410.40(d)(1)

Based on the above definition, is the patient bed confined? ☐ Yes ☐ No

Medical conditions resulting in bed confinement:

_____

_____

If not bed confined, reason an ambulance is needed:

_____

Section 3 - Physician's Authorization

Print the name of physician ordering ambulance transportation:	UPIN:

Physician's signature: _____ Date: _____

I certify that the information contained in Section 2 above represents an accurate assessment of the beneficiary's medical condition(s) and that ambulance transportation is medically necessary.

Section 4 - Verbal Orders

I, _____, received verbal permission to sign this document from Dr._____
on _____. The doctor's signature can be obtained by faxing his/her office at ( ) _____ - _____

** signature: _____ Date: _____

** Can be signed by PA, CNS, NP, RN, Discharge Planner, or Physician

If you have any questions about the form or Medical Necessity, please call Regional EMS & Critical Care Inc. at (610) 377-9027 Ext.