

## Physicians Medical Necessity Certification

**This certification must be completed and to Allied EMS within 48 hours of transports scheduled pick up time.**

Complete for non-emergency scheduled /unscheduled ambulance transport(s)

Patient name:	Health Insurance Claim Number:	
Transport Date:	Transported from:	Transported To:

In order for ambulance services to be covered, they must be medically necessary and reasonable. Medical necessity is established when **the patient condition is such that transportation by any other means is contraindicated**. Please complete the questions below in order for the ambulance claim to be evaluated under Medicare coverage criteria.

The Health Care Financing Administration has defined "bed confinement" as (all 3 must be met):

**The patient is:**

- Unable to get up from bed without assistance;
- Unable to ambulate; and
- Unable to sit in a chair or wheelchair

**Is the patient bed-confined as defined by the above definition?**       Yes       No

If **NO**, please check the appropriate medical conditions listed below.

**This patient:**

requires restraints or sedation to prevent harm and/or injury to self or others ( provide explanation in other )

requires cardiac monitoring

requires continuous IV therapy

is ventilator dependent

must remain immobile because of a fracture that has not been set or the possibility of a fracture ( i.e.. hip fracture)

is comatose or has a decreased level of consciousness

other, please specify, \_\_\_\_\_

**I certify that the information contained herein is, to the best of my knowledge, complete and accurate and supported in the medical record of the patient. The information being utilized on this form is being gathered to assist in seeking reimbursement from third party payers such as the Medicare program. I understand that any intentional misrepresentation or falsification of information, which leads to inappropriate payments, may be subject to investigation under applicable federal and/or state laws.**

Physician Name:	Physician Number:
Physician Signature:	Date:

**Physician Certification is valid 60 days from date of physician's signature**