

Physician Certification for Ambulance Transportation

Section I – Patient Information



Jan Care Ambulance Service Inc.

Serving West Virginia since 1970

Last	First	Date(s) of Service
Name: _____		____/____/____ to ____/____/____
Patient Transported From: _____		
Patient Transported To: _____		

Section II – Qualifying documentation supporting presumptive reasons that non-emergency ground transport by any other means than ambulance is contraindicated.

Supporting documentation for any boxes checked must be maintained in the patient's medical records.

Check all that apply:

- Bed Confined** * *All three below must be met to qualify for bed confinement.* *
Unable to ambulate (walk)*
Unable to get out of bed without assistance*
Unable to safely sit up in a wheelchair* †
†EXAMPLES: *Unable to maintain erect sitting position in a chair for time needed to transport due to moderate muscular weakness and deconditioning OR due to Grade II or greater decubitus ulcers on buttocks*
- Third party medical assistant/attendant required to apply, administer, or regulate or adjust oxygen en route.
- IFT** – Receiving facility provides specialized care, treatment, and diagnostics **not available at referring Facility** (define care required and facilities needed) _____
- IFT**-No beds available at referring facility (describe unit/bed required) _____
- IFT**-Cardiac Transfers:
____ **Specialized cardiac care facility required with Cath Lab facility and surgical back up readily avail.**
____ High-risk cardiac surgical candidate
____ Cath Lab at referring not open all hrs
____ Cath Lab at referring has no back-up (describe specialized cardiac services needed)
- Cardiac/Hemodynamic monitoring required during transport.
- Special Handling/Positioning due to: (check all that apply)**
____ Moderate to Severe Pain ____ Isolation
____ Non-Healed Fractures ____ Contractures
____ Poor Skin Integrity ____ Orthopedic Devices
____ Extreme edema, or poss DVT requires elevation of a lower extremity
____ Decubitus Stage ____ Location _____
- Morbid Obesity requires additional medical personnel or equipment to handle.
- Severe muscular weakness and deconditioned state precludes any significant physical activity.
- Restraints (physical or chemical) anticipated or used during transport.
- Danger to self or others – Medical supervision required.
- Danger to self or others – seclusion (FLIGHT RISK)
- Confused, combative, lethargic, or comatose.
- Risk of falling off wheelchair or stretcher while in motion (not related to obesity) †

†EXAMPLES: *Poor trunk control OR unable to maintain upright seated position while in motion due to time and/or terrain*

Section III – Physician/Qualified Personnel Authorization

I certify that the information contained above represents an accurate assessment of the patient's medical condition on date of service specified.

Signature of Physician or Qualified Personnel (see below) * DATE: _____	PRINTED NAME AND TITLE
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This authorization must be completed and signed by the Attending Physician for scheduled repetitive transports.

* For unscheduled or scheduled non-repetitive transports the authorization may be signed by the Attending Physician, Physician Assistant, Clinical Nurse Specialist, Nurse Practitioner, Registered Nurse or Discharge Planner (employed by the facility where the beneficiary is being treated) who has a personal knowledge of the beneficiary's condition at the time the ambulance transport is ordered or furnished.

Medical Support Center

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