

Physician Certification for Ambulance Transportation

Section I – Patient Information



Jan Care Ambulance Service Inc.

Serving West Virginia since 1970

| | | |
|---------------------------------|-------|-------------------------------|
| Last | First | Repetitive Patient PCS |
| Name: _____ | | |
| 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.
- 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.

| | |
|---|------------------------------------|
| Physician Signature: DATE: | Physician Name: |
|---|------------------------------------|

This PCS will be valid 60 days from the date of signature.

Patients are considered repetitive if they go from the same origin to the same destination 3 times in 10 days. A repetitive patient PCS must be signed by a physician and is valid 60 days from the date it is signed. Please understand that all repetitive patients must have valid PCS's on all transports. It is very important that the physician sign, date and return to Jan-Care Ambulance upon receipt to assure that all patients maintain a valid PCS for all transports.

Return Completed PCS to Darlene Reedy:

FAX: 304-252-1927