

Certification of Ambulance Transportation

Patient Information

Last name: _____ First name: _____ MI: _____ Suffix: _____

Date of birth (mm/dd/yyyy): _____ Sex: Male Female Medicaid ID number: _____

Certifying Physician/Practitioner Information

Last name: _____ First name: _____ MI: _____ Suffix: _____

NPI or License number: _____ Facility: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone number (and extension if applicable): _____ Extension: _____

Physician/Practitioner Type: Registered Nurse Director of Nursing Nurse Practitioner Physician Assistant
 Clinical Nurse Specialist Treating Physician

Signature: _____ Date: _____

Transportation Details

Transportation start date: _____ Transportation end date: _____ Round trip: Yes No

Transport from: Home, or _____

Transport to: _____

Please complete the next section on page 2.

Certification of Ambulance Transportation *(continued)*

Patient name: _____ Date of birth: _____ Medicaid ID #: _____
(mm/dd/yyyy)

Reason(s) that non-emergency ground transport by ambulance is required. Supporting documentation for any checked item must be maintained in the patient's medical record. Check all that apply:

MOBILITY

- Bed confined. All three of the following criteria must be met: (1) Unable to ambulate, (2) unable to get out of bed without assistance, and (3) unable to safely sit in a chair or wheelchair
- Unable to maintain erect sitting position in a chair for time needed to transport, due to moderate muscular weakness and de-conditioning
- Risk of falling off wheelchair or stretcher while in motion (*not related to obesity*)

MUSCULOSKELETAL

- Non-healed fractures requiring ambulance
- Contractures that impair mobility and result in bed confinement
- Incapacitating Osteoarthritis
- Severe muscular weakness and de-conditioned state precludes any significant physical activity
- Orthopedic device required in transit
- Amputation(s)

CARDIOVASCULAR

- CVA with sequelae (*late effect of CVA*) that impair mobility and result in be confinement
- DVT requires elevation of lower extremity

NEUROLOGICAL

- Spinal Cord Injury — Paralysis
- Progressive demyelinating disease
- Moderate to severe pain on movement

WOUND

- Unable to sit in chair or wheelchair due to Grade II or greater decubitus ulcers on buttocks
- Chronic wounds requiring immobilization

ATTENDANT REQUIRED DURING TRANSPORT

- Morbid obesity requires additional personnel/equipment to handle
- Third party attendant required to regulate or adjust oxygen en route
- Special handling en route — Isolation
- IV medications/fluids required during transport
- Restraints (*physical or chemical*) anticipated or used during transport

MENTAL

- Danger to self or others
- Confused, combative, lethargic, comatose

OTHER

- Other, describe: _____