Mobile Medical Response

PHYSICIAN CERTIFICATION STATEMENT (PCS)

Please Fax Completed Form to (989) 752-6803. To Schedule a Transport or for Assistance Please Call (989) 907-2020 or (866) 781-3218

SECTION I – GENERAL INFORMATION

1) Patient's Name: _____ Date of Birth: _____

2) Transport From: _____Transport To: _____

3) Transport Date: _____

4) **Closest Appropriate Facility? YES** or **NO** If **NO**, why is transport to more distance facility required?

_____

5) Attending Physician: _____

SECTION II - MEDICAL NECESSITY

1) ***Medical Condition/Diagnosis That Requires Ambulance Transport*** _____

_____

2) ***Bed Confined***? **YES** or **NO** *(Circle One)* CSM Definition*: Inability to get up from bed without assistance, ambulate or sit in a chair, including a wheelchair (must meet all criteria).*

3) ***Please Check All Required That Apply*:**

- ☐ Airway Compromise-Suction
- ☐ Confusion
- ☐ Isolation Precautions
- ☐ Morbid Obesity
- ☐ Paralysis (hemi, semi, quad)
- ☐ Should not- Stand/Pivot/Ambulate
- ☐ Unable to sit in a Wheelchair due to decubitus ulcers or Other Wounds
- ☐ Other (Specify) _____
- ☐ Cardiac Monitoring
- ☐ Contractures
- ☐ IV Maintenance
- ☐ Non-healed Fractures
- ☐ Psychiatric Care
- ☐ Unable to Tolerate Seated Position During Transport
- ☐ Comatose
- ☐ Danger to Self/Others
- ☐ Moderate Severe Pain On Movement
- ☐ Oxygen & Monitoring by Trained Staff
- ☐ Restraints
- ☐ Vent Dependent

SECTION III – SIGNATURE OF PHYSICIAN OR HEALTHCARE PROFESSIONAL

In my professional medical opinion, this patient requires transport by ambulance and should not be transported by other means. The patient's condition is such that transport by medically trained personnel is required. I certify that the above information will be used by the Centers of Medicare and Medicaid and/or its agents to support the determination of medical necessity for ambulance services.

Print Name: _____ (Credential) _____

Sign Name: _____ Date Signed _____

***Who Can Sign a PCS*:**

For BCBS Patients*: Physician, Physician Assistant, Registered Nurse, Discharge Planner, or Nurse Practitioner*
For Medicare & Medicaid: *Physician, Physician Assistant, Registered Nurse, Discharge Planner, or Nurse Practitioner*