



Concord EMS

Quality Ambulance Service for the Southeastern Michigan Area

24 Hour Dispatch
734-947-9400
313-386-9400
248-967-9400
Fax 734-947-1911

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Physician Certification Statement

For MEDICARE and other insurance carriers who require a PHYSICIAN'S OVERVIEW and SIGNATURE as proof that this patient meets the requirements for need of stretcher transportation via AMBULANCE .

Patient must require transportation by ambulance and cannot be transported by other means, such as wheelchair van, taxicab, or private vehicle.

Physician's Signature _____ Date _____

Physician's Printed Name _____

Accepted Authorized Signatures: For all scheduled and unscheduled transports, excluding pre-arranged repetitive transports such as Dialysis, the Attending Physician, Clinical Nurse Specialist, Registered Nurse, Nurse Practitioner, or Discharge Planner, who is employed by the transferring facility, and who has personal knowledge of the patient's condition at the time the transport is ordered, may sign the authorization.

Patient's Printed Name _____

Transferring Facility _____ Basic Nursing Hospital
 Skilled Nursing Other

Receiving Facility _____ Basic Nursing Hospital
 Skilled Nursing Other

♥ If transferring hospital to hospital, please state the service(s) transferring facility cannot provide:

Select all that apply representing this patient's condition that requires stretcher transportation, and complete the supporting diagnosis or use other narrative that substantiates the selections below;

- Unable to sit in wheelchair for periods of time greater than 15 minutes
- Unable to stand and pivot, move from bed to chair, wheelchair, or seat of any type without full lift assistance
- Comatose, or severely decreased level of consciousness
- Requires constant oxygen administration or **portable ventilator**; {no portable oxygen available}
- Requires monitoring of prescribed I.V. drug(s) via **portable I.V. pump(s)**
- ECG monitoring
- Requires airway care, suctioning and monitoring
- Requires physical restraining via leather, Posey, or medication/sedation
- Debilitated or post operatively recovering, and is currently bedridden
- Chemically sedated and requires monitoring, unable to transport via wheelchair at this time
- Wound requiring wound precautions (i.e. Decubitus ulcer)
- Presents as bedridden due to paralysis or atrophy
- Post fracture requiring bed confinement

Supporting Diagnosis: _____

Other Narrative: _____

If you should need help with patient evaluation or if you have questions about this form, please call direct to our insurance help line 313-386-0088

A Metropolitan Health Care Company
A Michigan Corporation

H O S P I T A L U S E