

AMB-TRANS AMBULANCE STRETCHER NECESSITY FORM

For Non-Emergency Ambulance Transportation

Amb-Trans Ambulance
 538 West Woodlawn
 San Antonio, Texas 78212
 (210) 734-3402 (office)
 (210) 734-2292 (fax)

Section 1 – Beneficiary Information

Name: _____	Date of Certification: _____
Sex: M <input type="checkbox"/> F <input type="checkbox"/> DOB: _____	Age: _____
Patient's SSN: _____	
Medicare No. _____	Part B? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid No: _____	

Section 2 – Medical Necessity Information (to be completed by MD, PA, RN, RNP, CNS, or Discharge Planner)

This Patient meets the Medicare criteria for medical necessity for non-emergency ambulance services in one of the following categories:

Category 1: Bed-Confined due to:

Narrative: _____

Definition of Bed Confined

1. The beneficiary cannot get up from bed without assistance;
2. The beneficiary cannot ambulate; and
3. The beneficiary cannot sit in a chair or wheelchair.
4. # 1,2 & 3 must apply at the time of ambulance transport

Or:

Category 2: Other means of transportation would endanger beneficiary's health due to:

Narrative: _____

Section 3 – Authorization

Date: _____

Name of Beneficiary Physician: _____ **UPIN #** _____

I certify that the above information represents an accurate assessment of the patient's medical condition(s) and that in my professional medical opinion, this patient requires transport by an ambulance and should not be transported by any other means. I understand that this information will be used by the Health Care Financing Administration to support the determination of medical necessity for non-emergency ambulance services.

Medicare covers ambulance services only if they are furnished to a beneficiary whose medical condition is such that other means of transportation would be contraindicated (i.e., other means of transportation would endanger the health of the patient.)

Printed Name of MD,PA,RN,RNP,CNS or Discharge Planner: _____

Signature of MD, PA, RN RNP, CNS, or Discharge Planner: _____