Medical Necessity Form

 **Member Information**

Name

|  |  |  |
| --- | --- | --- |
| ID Number | Date of Birth / / | Gender M F |

**Trip Information**

Number of trips Requested

Date(s) of service requested

 Medical Reason for transport

**Pick-up Location**

Is pick-up location a health care facility?

Is pick-up location member’s residence?

Yes

No

Yes

No

 Facility Name (if pick-up location is a health care facility, including a facility at which member resides)

Street Address

|  |  |  |
| --- | --- | --- |
| City | State | Zip |

**Destination Information**

Is destination member’s residence?

Yes

No

Yes

No

Is destination a health care facility?

Facility Name (if destination is a health care facility, including a facility at which member resides)

Street Address

|  |  |  |
| --- | --- | --- |
| City | State | Zip |

 **Medical Necessity Information—Stretcher**

 Member is continuously confined to bed.

 Member has a total body cast.

 Member has hip spicas or other casts that prevent flexion at the hip.

 Member has the following medical condition making ambulance transportation necessary:

**Medical Necessity Information—Ambulance Requests Only**

 Member is continuously dependent on oxygen.

 Member is classified as an American Heart Association Class IV patient with a disease of the heart.

 Member is receiving intravenous treatment.

 Member requires transportation after cardiac catheterization.

 Member has uncontrolled seizure disorders.

 Member is in an isolette (incubator).

 Member is in need of restraints because the member is possibly harmful to himself or herself or others. **(Baker Act)**

 Member is heavily sedated.

 Member is comatose.

 Member has the following medical condition making ambulance transportation necessary.

 **Requesting Provider Attestation**

CERTIFICATION STATEMENT: I understand that orders for Medicaid or Medicare funded travel may result from the completion of this form. I certify that the statements made hereon are true, accurate and complete to the best of my knowledge; no material fact has been omitted from this form. This Certification is subject to all applicable federal, state and local laws, regulations, rules, policies and procedures.