

Medical Necessity Form

Member Information

Name

ID Number

Date of Birth

Gender M F

Trip Information

Number of trips Requested

Date(s) of service

Medical Reason for transport

Pick-up Location

Is pick-up location member's residence? Yes No

Is pick-up location a health care facility? 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

Is destination a health care facility? Yes No

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.
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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.