

# Certification of Ambulance Transportation

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## Patient Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_ Sex:  Male  Female Medicaid ID number: \_\_\_\_\_

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## Certifying Physician/Practitioner Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_ Suffix: \_\_\_\_\_

NPI or License number: \_\_\_\_\_ Facility: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number (and extension if applicable): \_\_\_\_\_ Extension: \_\_\_\_\_

Physician/Practitioner Type:  Registered Nurse  Director of Nursing  Nurse Practitioner  Physician Assistant  
 Clinical Nurse Specialist  Treating Physician

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Transportation Details

Transportation start date: \_\_\_\_\_

Transportation end date: \_\_\_\_\_, or  180 days from start date  
*(maximum 180 days)*

Round trip:  Yes  No

Transport from:  Home, or \_\_\_\_\_

Transport to: \_\_\_\_\_

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*Please complete the next section on page 2.*

# Certification of Ambulance Transportation *(continued)*

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_  
(mm/dd/yyyy)

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Reason(s) that non-emergency ground transport by ambulance is required. Supporting documentation for any checked item must be maintained in the patient's medical record. Check all that apply:

## MOBILITY

- Bed confined. All three of the following criteria must be met: (1) Unable to ambulate, (2) unable to get out of bed without assistance, and (3) unable to safely sit in a chair or wheelchair
- Unable to maintain erect sitting position in a chair for time needed to transport, due to moderate muscular weakness and de-conditioning
- Risk of falling off wheelchair or stretcher while in motion (*not related to obesity*)

## MUSCULOSKELETAL

- Non-healed fractures requiring ambulance
- Contractures that impair mobility and result in bed confinement
- Incapacitating Osteoarthritis
- Severe muscular weakness and de-conditioned state precludes any significant physical activity
- Orthopedic device required in transit
- Amputation(s)

## CARDIOVASCULAR

- CVA with sequelae (*late effect of CVA*) that impair mobility and result in be confinement
- DVT requires elevation of lower extremity

## NEUROLOGICAL

- Spinal Cord Injury — Paralysis
- Progressive demyelinating disease
- Moderate to severe pain on movement

## WOUND

- Unable to sit in chair or wheelchair due to Grade II or greater decubitus ulcers on buttocks
- Chronic wounds requiring immobilization

## ATTENDANT REQUIRED DURING TRANSPORT

- Morbid obesity requires additional personnel/equipment to handle
- Third party attendant required to regulate or adjust oxygen en route
- Special handling en route — Isolation
- IV medications/fluids required during transport
- Restraints (*physical or chemical*) anticipated or used during transport

## MENTAL

- Danger to self or others
- Confused, combative, lethargic, comatose

## OTHER

- Other, describe: \_\_\_\_\_