Alliance Ambulance, Inc.

Certificate of Medical Necessity

Print CMN

Clear CMN

42 CFR 410.40(d)(2) requires that Alliance Ambulance, Inc. obtain a Certificate of Medical Necessity signed by the patient's physician **prior** to providing any non-emergency ambulance transportation. This form has been designed to assist the physician, the facility, the beneficiary and Alliance Ambulance, Inc. to determine if medical necessity has been met. Please complete all sections of the form prior to transport.

This completed form should be given to Alliance Ambulance, Inc. at the time of transport.

SECTION 1 – BENEFICIARY INFORMATION

NAME:	INITIAL DATE OF CERTIFICATION:
SEX: (M) (F) DOB: AGE:	BENEFICIARY'S SS#:
MEDICARE NUMBER PART B: (YES) (NO)	MEDICAID NUMBER:
IS THE BENEFICIARY'S STAY COVERED UNDER MEDICARE PART A (PPS OR DRG) BENEFITS FOR THIS DATE OF SERVICE?	(YES) (NO)

SECTION 2 – MEDICAL NECESSITY INFORMATION (to be completed by physician or authorized person)

☐ Bed Confined: The patient is unable to get out of bed without assistance, unable to ambulate and unable to sit in a chair or wheelchair and unable to use the wheelchair as an ambulatory device.

Narrative (required):

☐ Other: Other means of transportation are contraindicated because they would endanger the health or safety of the patient.

Specify condition of the patient (not diagnosis) at the time of transport.

Narrative (required):

☐ Medical Necessity Does Not Exist

SECTION 3 – AUTHORIZATION

The attending physician must sign this form. If the physician is unavailable 42CFR 410.40 (d)(3)(iii) allows this form to be signed by either a physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), registered nurse (RN), or discharge planner who has personal knowledge of the beneficiary's condition at the time of ambulance transport.

Name of person attesting to medical necessity

UPIN #

Signature

Date

· 42CFR 410.40(d)(3)(i) allows the Certificate of Medical Necessity to be obtained after the transport only if the transport is an "unscheduled or that are scheduled on a nonrepetitive basis."

· This completed form should be given to the ambulance crew at the time of transport or faxed to Alliance Ambulance, Inc. at **713-682-5815**.