

PHYSICIAN'S CERTIFICATION STATEMENT (PCS)

for Ambulance Transport Services



AmeriPro EMS
Professionalism | Integrity | Commitment

844-A-PRO-EMS
844-277-6367

SECTION 1: Beneficiary Information		
Name:		Date of Certification:
Sex (check) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Beneficiary's SSN:
Medicare No.:	Part B? (check): <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid No.:
SECTION 2: Medical Necessity Information (To be completed by a medical practitioner)		
Medicare Definition of Medical (Ambulance) Necessity: Patient's condition is such that other means of transportation (car, wheelchair van, etc.) would be contraindicated.		
Medicare Definition of Bed-Bound: Unable to get up from bed without assistance, unable to ambulate and is unable to sit in a chair or wheelchair.		
NOTE: Bed-bound is not the sole reason for Medical Necessity		
↓ To What Degree, etc. SPECIFICALLY Why? ↓		
NOTES: Please be specific. "Unable to ambulate and/or stand" is not acceptable by Medicare:		
SECTION 3: SIGNATURE OF PHYSICIAN OR HEALTHCARE PROFESSIONAL		
Print FIRST NAME, MIDDLE INITIAL, LAST NAME of the physician ordering ambulance transportation:		
Physician / Registered Nurse / Hospital Discharge Planner / Physician's Assistant / Nurse Practitioner / Clinical Nurse Specialist can sign		
Print Name, Title & Credentials of Person Completing this Form:		
SIGNATURE:	TITLE:	DATE:

Medicare requires via 42 CFR Part 410.40(b) that ambulance providers obtain a PCS signed by the beneficiary's physician for the provision for non-emergency ambulance transportation. Please complete all sections of this form. AmeriPro EMS cannot file an ambulance transport claim without a complete PCS. 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 stretcher transport by an ambulance and should not be transported by any other means. I understand that this information will be used by the healthcare financing administration to support the determination of medical necessity for non-emergency ambulance services.

Form must be signed only by patient's attending physician for scheduled, repetitive transports.

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