



Dispatch: 800-232-0911

Fax: 888-489-8991

CERTIFICATE OF MEDICAL NECESSITY (CMN)

SECTION I TO BE COMPLETED BY FLIGHT CREW

Flight #: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Transport Date: \_\_\_\_\_

Sending Physician: \_\_\_\_\_

Receiving Physician: \_\_\_\_\_

Sending Hospital: \_\_\_\_\_

Receiving Hospital: \_\_\_\_\_

Sending MRN#: \_\_\_\_\_

Receiving MRN#: \_\_\_\_\_

SECTION II TO BE COMPLETED BY SENDING PHYSICIAN Check All That Apply

Reason for air medical transport

- Reason for air medical transport checkboxes: EMTALA certified interfacility transfer, Sending Hospital does not have adequate facilities, Medical necessity is met, Patient requires rapid air and/or ground transport, Higher level of care required, Duration of ground transport would be excessive, Obstacles render the patient inaccessible, A closer facility has been contacted but does not have available space.

CLINICAL CONDITIONS CHECKED BELOW REQUIRE TIME SENSITIVE SURGICAL/ MEDICAL INTERVENTION/ MEDICAL MANAGEMENT

- Clinical conditions checkboxes: Unstable or potentially unstable airway, Marked respiratory distress, Acute cardiac shock, OB-GYN / NICU Emergency, Significant Burns, Neurological emergency, Penetrating / Blunt trauma to Head / Neck / Chest / Abdomen / Pelvis, Extremity amputation, Multiple system trauma, Other.

SECTION III TO BE COMPLETED BY SENDING PHYSICIAN

Pursuant to Federal COBRA / EMTALA Statute SEC. 1867 [42 U.S.C. 1395dd] (A) Social Security Act – Medical Screening requirement(s) the patient cannot be transferred unless all of the following conditions have been met.

- Conditions A, B, C, D: The receiving facility has available space, qualified personnel, and has the capacity to assume care of this patient. Copies of medical records referring to this patient incident will be provided to the receiving facility. I hereby certify the above listed diagnosis, condition(s), and or physical obstacles to transfer this patient require air/ground medical transport. Based on information and medical expertise available at the time of request for Air Medical Transfer, medical benefits reasonably expected from the provision of appropriate medical treatment at the receiving hospital outweighs the risks, if any, to the patient's condition.

CHECK ONE:

- CHECK ONE checkboxes: MD, RN, DISCHARGE PLANNER, PA, NP, CNS

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_