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

Reason for air medical transport *Check All That Apply*

☐ EMTALA certified interfacility transfer to capable appropriate facility – higher level of care

☐ Sending Hospital does not have adequate facilities / equipment / physician specialist to provide medical services needed by this patient. Burn Unit, Emergent, Cath Lab, PICU, Trauma Unit: Explain_____

☐ Medical necessity is met such that any other mode of transport is contraindicated and poses a threat to the patient's survival or seriously endangers his or her health

☐ Patient requires rapid air and or ground transport for time sensitive emergency, time dependent diagnosis i.e. IV Meds / Advanced Procedures

☐ Higher level of care required during transport beyond the scope of available ground ambulance providers: _____

☐ Duration of ground transport would be excessive and detrimental to patient (>30 to 60 minutes)

☐ Obstacles render the patient inaccessible to ground transport ☐ weather ☐ environmental ☐ road/traffic conditions ☐ disaster ☐ Other

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

☐ Unstable or potentially unstable airway

☐ Marked respiratory distress / obstructive disorder

☐ Acute cardiac shock / insufficiency

☐ OB-GYN / NICU Emergency

☐ Significant Burns

☐ Neurological emergency: _____

☐ Penetrating / Blunt trauma to Head / Neck / Chest / Abdomen / Pelvis

☐ Extremity amputation / limb threatening / degloving / crush injury

☐ Multiple system trauma i.e. long bone fractures, injury > two body regions

☐ **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.**

A. The receiving facility has available space, qualified personnel, and has the capacity to assume care of this patient.
B. Copies of medical records referring to this patient incident will be provided to the receiving facility.
C. I hereby certify the above listed diagnosis, condition(s), and or physical obstacles to transfer this patient require air/ground medical transport.
D. 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: ☐MD ☐ RN ☐ DISCHARGE PLANNER ☐ PA ☐NP ☐ CNS

SIGNATURE:_____ **PRINT NAME:**_____ **DATE:**_____