



Dispatch: 800-232-0911

Fax: 888-489-8991

GROUND AMBULANCE CERTIFICATE OF MEDICAL NECESSITY (CMN)

SECTION I TRANSPORT INFORMATION

Transport Number: _____
Patient Name: _____ Date of Service: _____
Transported From: _____ Transported To: _____
Sending Physician: _____ Receiving Physician: _____
Sending MRN#: _____ Receiving MRN#: _____

SECTION II REASON FOR MEDICALLY NECESSARY TRANSPORT

- Transportation by any mode other than by ambulance is contraindicated due to the patient's clinical condition:
 - Transported in an emergency situation as a result of an accident, injury, or acute illness
 - Required restraint to prevent injury to self and/or others
 - Unconscious or in shock
 - Acute respiratory distress or cardiac distress, i.e.; shortness of breath or chest pain
 - Assistance/attendant required to apply, administer, or regulate oxygen en route
 - Severe hemorrhage
 - DVT requires elevation of a lower extremity
 - High risk for seizure
 - Morbid Obesity requires additional personnel/equipment to handle
 - Orthopedic device (backboard, halo, use of pins in traction, etc.) or Fracture requiring special handling in transit
 - Requires isolation precautions (VRE, MRSA, etc.)
 - Other _____
- Administrative or 24 hour hold (endanger to self or others) Behavioral Health emergency
- Service not available at originating facility:
 - NICU / Pediatrics Psychiatric evaluation/treatment Orthopedics
 - High-Risk OB Trauma/Burn Unit Other _____
- IV medications/fluids administration and/or monitoring required during transport
- Require transport by stretcher only. Bed Confined. A patient is bed-confined if he/she is:
 - 1) Unable to get up from bed without assistance;
 - 2) Unable to ambulate; and
 - 3) Unable to safely sit in a chair or wheelchair (**one of the two below must be checked**)
 - Unable to maintain erect sitting position in a chair for time needed to transport, due to moderate muscular weakness and de-conditioning.
 - Unable to sit in a chair or wheelchair due to Grade II or greater decubitus ulcers on buttocks.
- Other _____
- EMTALA certified inter-facility transfer to capable appropriate facility and/or higher level of care

SECTION III

Pursuant to Federal COBRA / EMTALA Statute SEC. 1867. (42 U.S.C. 1395dd) (a) Social Security Act – Medical Screening Requirement(s) – A patient cannot be transferred unless all of the following conditions have been met: a. The receiving facility has available space, qualified personnel, and 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, if available; c. I hereby certify that the above listed diagnosis, condition(s), and/or physical obstacles to transfer this patient requires ground ambulance transport; d. Based on information and medical expertise available at the time of request for ground ambulance transport, it is my determination that the medical benefits reasonably expected from the provision of appropriate medical treatment at the receiving hospital outweigh the risks (if any) to the patient's condition.

CHECK ONE: MD RN DISCHARGE PLANNER PA NP CNS

SIGNATURE: _____ PRINT NAME: _____ DATE: _____