



**ROWAN COUNTY EMERGENCY SERVICES**  
**MEDICAL NECESSITY**  
**FOR AMBULANCE TRANSPORT**

A Certificate of Medical Necessity is required for all Medicare patients being transferred or discharged from a hospital or skilled nursing facility, or transported from a skilled nursing facility for an outpatient visit to a physician's office, outpatient clinic, or other medical facility.

**PATIENT INFORMATION**

\_\_\_\_\_  
Patient's Name Medicare Number

\_\_\_\_\_  
Patient's Address Street City/State Zip code

\_\_\_\_\_  
Date of Service Return Trip: Yes  No

\_\_\_\_\_  
Origin of Service:  Hospital  Facility  Residence  MD Office/Clinic  Other

\_\_\_\_\_  
Destination:  Hospital  Facility  Residence  MD Office/Clinic  Other

**PATIENT INCIDENT INFORMATION**

Pertinent Past Medical History:  Could only be moved by stretcher.  Contractures  
 Bedridden before/after trip  Paralysis

History of Event:  Procedure not available at origin  Emergency condition  
 Transportation by other means was contraindicated.

Justification for ambulance transfer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION OF PHYSICIAN**

\_\_\_\_\_  
Signature of Physician/Nurse Date

\_\_\_\_\_  
Physician Address Street City/State Zip code