

Today's Date: _____

Physicians Certification Of Medical Necessity

Revised July 20, 2006

Patient's Full Name (as written on Medicare card)

Date of Service: _____

Social Security Number

Physician

HCFA defines Medical Necessity as: The patient is unable to get out of bed without assistance, the patient is unable to ambulate without assistance and the patient is unable to sit in a chair or wheel chair.

I certify the Patient: is unable to get out of bed without assistance, the patient is unable to ambulate without assistance and the patient is unable to sit in a chair or wheel chair; **Due to the following diagnoses: MUST HAVE REASONS LISTED**

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

The Patient does not meet HCFA's definition of medical necessity. Transport by ambulance is necessary due to the treatment listed below (circle all that apply)

O2 Suction EKG IV without Meds Vent/ Intubation IV with Meds Restraints

Other: _____

Signature: Physician: Charge Nurse: Social worker: Discharge planner

Address

Phone