COASTAL HEALTH SYSTEMS OF BREVARD, INC. INTERFACILITY AMBULANCE TRANSPORT REQUEST

Dispatch Phone # (321) 631-1448 ~ Dispatch Fax # (321) 633-8501

****Patient Demographic FACE SHEET must accompany FAX REQUEST or additional information will be required****

FOR INTERFACILITY TRANSPORT REQUIRING IMMEDIATE RESPONSE BY THE NEXT AVAILABLE AMBULANCE, CALL FIRST, THEN FAX!

1. Date of Service **Appt/Discharge Time:** **Return Time:** ☐ **Check if One Way**

2. Patient: LAST **FIRST** **MI** **PT SS#**

3. Patient PICK-UP LOCATION: Check Facility, then check location within the facility: **PT Wt (lbs)**

☐ **CCH** ☐ **HRMC** ☐ **PBCH** ☐ **PMC** ☐ WMH**R** ☐ WMH**M** ☐ **ED** ☐ **ROOM #** **(WING / ZONE / FLOOR)**

☐ **OTHER** _____ ☐ _____ **DEPARTMENT**

All Out-of-County requests must provide full address and phone number.

4. Patient DROP-OFF LOCATION: Check Facility, then check location within the facility:

☐ **CCH** ☐ **HRMC** ☐ **PBCH** ☐ **PMC** ☐ WMH**R** ☐ WMH**M** ☐ **ED** ☐ **ROOM #** **(WING / ZONE / FLOOR)**

☐ **OTHER** _____ ☐ _____ **DEPARTMENT**

All Out-of-County requests must provide full address and phone number.

5a. PHYSICIAN CERTIFICATION STATEMENT (PCS): The PCS requirement is based on 42 CFR 410.40(d)(2) for scheduled repetitive, and (d)(3) scheduled and non-scheduled non-repetitive patients, under the direct care of a physician (including patients of SNF and hospital facilities).

The CMS Medical Necessity definition for Bed Confined below, does not necessarily prove or disprove qualification for ambulance transport:

☐ I certify the patient is unable to get up from bed without assistance, unable to ambulate, and unable to sit safely in a chair or wheelchair.

5b. DESCRIBE the MEDICAL CONDITION (physical and/or mental) of the patient **AT THE TIME OF AMBULANCE TRANSPORT** that requires the patient to be transported by ambulance and why other means of transport is contraindicated by the PATIENTS' CONDITION

REQUIRED: _____

5c. PATIENT NEEDS AT TIME OF TRANSPORT - Check all that apply:

☐ Oxygen - Flow rate in liters _____

☐ IV w/o Meds ☐ IV with Meds - List Meds _____

☐ Cardiac Monitor ☐ Ventilator ☐ Airway Monitoring

☐ Suctioning: ☐ Oral ☐ Tracheal ☐ Both

☐ Orthopedic device requires special handling (wedge/traction/halo,etc)

☐ Other _____

ISOLATION PRECAUTIONS - Check all that apply:

☐ Airborne ☐ Contact ☐ Droplet

ADDITIONAL PATIENT TRANSPORT INFORMATION

☐ Patient is combative/mgmnt problem/flight risk

☐ Baker Act ☐ Marchman Act

☐ Completed EMS DNR in place (yellow form)

☐ Bill MOA ☐ Hospice: _____

**Note: Supporting documentation must be maintained by sending facility & available to CMS in support of medical necessity for ambulance transport.*

5d. PATIENT TRANSPORT PRIORITY REQUEST - Check one:

☐ **Pre-Scheduled** - stable patient with appointment such as radiation or dialysis, minimum 24-hour notice given.

☐ **Routine** - stable patients, such as hospital discharges.

☐ **Urgent** - current severe patient condition(s).

☐ **Immediate Response** - unstable and/or acute patient condition(s). **CALL FIRST (631-1448) to activate immediate response of the next available ambulance.** After calling, additional patient information must be faxed to dispatch.

5e. PCS SIGNATURE - I certify that all the information provided on this form regarding this patient is accurate at the time of the transport:

SIGNATURE _____ **PRINTED NAME** _____ **DATE** _____

Title (check one) ☐ **Attending Physician** ☐ **Registered Nurse** ☐ **Discharge Planner** ☐ **Clinical Nurse Specialist** ☐ **Physician's Assistant** ☐ **Certified Nurse Practitioner**

6. Facility contact: Phone# Fax#

Coastal will schedule the first available vehicle to provide the appropriate transport for the needs of your patient.
The dispatch office will contact you (1) upon receipt of this fax, and (2) when the ambulance is pending arrival at your facility.
Please ensure this form has been completed in its entirety, particularly the PCS form, to avoid any transport delays.
Your patient should be ready for pick up at the time of request to prevent delays and avoid possible re-scheduling.

COASTAL USE ONLY:	P
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REV 08/10