

Patient Name: _____ Date of Service: _____ Transport Number: _____
 Patient DOB: _____
 Referring Physician: _____ Sending Facility: _____
 Receiving Physician: _____ Receiving Facility: _____

Please check ALL appropriate boxes.

For the following CHECKED REASONS, the referring physician/provider certifies air medical transport necessity for the above named patient. This information will be provided to third-party payers.

- EMTALA Certification for Transfer to Higher Level of Care (Acute Care/Critical Access Hospital) for Services Unavailable at the Referring Facility: *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.*
- The receiving facility has available space, qualified personnel, and has the capacity to assume care of this patient;
 - Copies of medical records referring to this patient incident will be provided to the receiving facility.
 - I hereby certify that the below listed diagnosis, condition(s), and/or physical obstacles to transfer this patient require air medical transport.
 - 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 individual's condition.

If bypassing closest appropriate facility, please state reason (e.g., no beds available, no receiving physician specialist, diversion, other medical justification).

REASON FOR BYPASSING CLOSEST APPROPRIATE FACILITY: _____

- Patient's Condition Requires Rapid Air Transport for Time Sensitive Intervention, NOT Available at Referring Facility.
- *REQUIRED*** DIAGNOSIS of patient (e.g., intracranial bleed, cardiogenic shock, burns requiring treatment at a burn center, multiple severe injuries, life-threatening trauma).
 DIAGNOSIS: _____

- *REQUIRED*** SERVICE, PROCEDURE and/or EQUIPMENT not available at the Referring Facility and available at the Receiving Facility (e.g., neuro, vascular, neo/pediatric, trauma services, reimplantation, ICU, burn center, CT scan, transplant, cath lab, OB).
 SERVICE, PROCEDURE and/or EQUIPMENT: _____

- *REQUIRED*** PHYSICIAN SPECIALIST is required for this patient's care and is not available at the Referring Facility.
- | | | |
|---|--|---|
| <input type="checkbox"/> Cardiologist | <input type="checkbox"/> Trauma Surgeon | <input type="checkbox"/> Gastroenterologist |
| <input type="checkbox"/> Vascular Surgeon | <input type="checkbox"/> Cardiothoracic Surgeon | <input type="checkbox"/> Pulmonologist |
| <input type="checkbox"/> Neurologist | <input type="checkbox"/> Pediatric Intensive Care Specialist | <input type="checkbox"/> Plastic Surgeon |
| <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Burn Specialist | <input type="checkbox"/> Hand Surgeon |
| <input type="checkbox"/> Neonatologist | <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Oral/Maxillofacial Surgeon |

- DISTANCE and DURATION of Ground Ambulance Transport is Contraindicated due to Patient's Condition and/or Seriously Endanger Patient's Health.
 Explain: _____

- COUNTY/LOCAL/REGIONAL/STATE PROTOCOL Recommends Air Medical Transport.

- SPECIAL SKILLS/ABILITIES OF ALS AIR TRANSPORT TEAM WITH ATTENDING RN PRESENT are needed due to patient's condition.
- EKG ETCO2 Monitoring RSI Intubated Blood Product Administration TPA Infusion
 IV Medications, titrated drips: _____ Other: _____

- CIRCUMSTANCES or OBSTACLES Exist Which Necessitate Air Medical Transport
- Weather Traffic Other _____

Referring Physician/Provider Signature: _____ Date: _____

Referring Physician/Provider Printed Name and Credentials: _____

Signature Legibility and Credentials of Person signing this Form must be Evident. Signature on this Form must be of an Attending or Primary Care Physician, Physician's Assistant, Nurse Practitioner, Clinical Nurse Specialist, Registered Nurse, Scene Medic, or Discharge Planner, i.e.; Social Worker involved in the arrangement of this transport.