



Physician Certification Statement of Medical Necessity for Non-Emergency Medical Transport

In order to appropriately evaluate your request, complete all form fields below, including physician signature and date of signature. If any field is incomplete, further documentation may be requested. This form constitutes a prescription.

(References: California Code of Regulations (CCR), Title 22, Section 51003, 51303, 51303, 51323 and Medi-Cal Provider Manual).

Member's Name _____ Medi-Cal ID# _____

Date of Service from _____ to _____ (max 1 year) Appt. Time (start-end) _____

Days/week transportation is needed: Monday Tuesday Wednesday Thursday Friday

Documentation to Support Medical Necessity	
Diagnosis to support visit(s):	
Medical purpose/justification for visit(s):	
Functional limitations (specific physical or mental) that preclude the patient's ability to ambulate without assistance or to be transported by private or public conveyance:	
Patient mobilizes via: <input type="checkbox"/> Gurney <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Other	
Gurney Requested: 1. Patient must be prone or supine due to location of multiple decubiti. 2. Medical physical condition precludes patient sitting upright for any period of time (explain below). 3. Other Condition (explain below). Explain:	
Wheelchair requested: 1. Patient uses wheelchair and is unable to self-transfer into public or private conveyance. 2. Patient is unable to ride upright in private or public vehicle. 3. The medical condition precludes patient being able to reasonably ambulate to and from vehicle, bus stop or board a vehicle. Explain:	
Signature of Physician or Healthcare Professional Certifying Need for Transportation	
I certify that medical necessity was used to determine the type of Non-Emergency Medical Transportation being requested.	
Physician Signature:	Date:
Physician Specialty:	License#:
Physician Name:	Telephone#:
Physician Address:	

Please fax this completed form to **(831) 430-5850**