



Physician Certification Statement (PCS) Form

Form containing sections: Patient/Member Information, Mode Of Transportation Needed, Non-Medical Transportation (NMT), Non-Emergency Medical Transportation (NEMT), Ambulance, Litter/Gurney Van, Wheelchair Van, and Air Transport.

Diagnosis (Must support the need for Non-Emergency Medical Transportation)**Diagnosis:****ICD 10 Code(s):****Function Limitations Justification** (Required)

Please document the patient's limitations and provide specific physical and medical limitations that preclude the patient's ability to reasonably ambulate with assistance or be transported by public or private vehicles.

Date(s) of Service Needed: One-Time Only

Date:

 Ongoing (up to 12 months)

Start Date:

End Date:

Certified By:

I, the member's physician, dentist, podiatrist or mental health or substance use disorder provider responsible for providing medical care to the member, certify that medical necessity was used to determine the type of transportation requested.

Physician/Provider's Name:

Physician/Provider's Signature

Date:

NPI:

Phone Number:

Fax Number: