modivcare

SC Operations
1 Independence Pointe Suite
212 Greenville, SC 29615

LEVEL OF SERVICE CERTIFICATION OF MEDICAL NECESSITY

Required for All Patients/Members Using Stretcher Transport

UR Fax # 877-601-0530

Phone # 864-729-7237

Patient / Member Information:				Medical Provider Information:	
DOB: ___/___/___	Sex M F	Age	Medicaid ID #	Medicaid Provider #	Phone #
Patient Name (Last, First, MI)				Medical Provider Name & Address	

Nature of Appointment:

LEVEL OF SERVICE REQUIRED BY PATIENT / MEMBER & PRESCRIBED BY MEDICAL PROVIDER

__ A.) Stretcher - The patient is confined to a bed, cannot sit in a wheelchair and does not require medical attention/monitoring during transport.

__B.) BLS - The patient is confined to bed, cannot sit in a wheelchair and requires medical attention/monitoring by an EMT during transport.

__C.) ALS - The patient is confined to bed, cannot sit in a wheelchair and requires medical attention/monitoring by a paramedic during transport for reasons such as IV requiring monitoring, cardiac monitoring and tracheostomy with vent.

If a Registered Nurse signs this form it is valid for single trip only, please indicate desired date of service _____.
A physician, nurse practitioner or physician's assistant may request certification for up to 90 days.

Please describe the member's physical condition that makes transportation by stretcher medically necessary and describe the Member's general physical condition:

I certify that the above information represents an accurate assessment of the member's medical condition(s). In addition, it is my professional medical opinion that this member requires transport by stretcher and should not be transported by any other means.

Physician, NP, PA or RN : PRINTED _____

NAME/TITLE: SIGNATURE: _____ **DATE:** _____

This form should be completed by the attending physician or his designated staff confirming stretcher is necessary as indicated above. Only a Physician, a Physician's Assistant or Registered Nurse, at the direction of a physician my sign the form above.