

## Responding to a Request for Ambulance Records

This check list is provided as a reminder of what to include when responding to a request for records. The documentation should include, but is not limited to:

☐ Name of beneficiary and date of service on all documentation
☐ Documentation legible and complete (including signature(s))
Abbreviation key (if applicable)
☐ Identification of crew member and credentials
Type of dispatch
Reason for the transport
Relevant history
Assessment and clinical evaluations (A description of the patient's condition and functional status at the time of transfer
☐ Monitoring and procedures performed
☐ Beneficiary's response to treatment
Point of pick up (place and address)
☐ Mileage associated with transport
Any documentation supporting medical necessity
☐ Non-Emergent transports:
☐ Documentation supporting bed confinement
☐ Signed and dated Physician Certification Statement (must meet guidelines)
☐ Documentation support why other methods of transportation are contraindicated for the beneficiary
☐ Beneficiary signature or signature of his or her representative
Hospital to hospital transports: indicate the precise reason why the required services were not available at the first hospital (services not available a the first hospital, no beds available, etc.)
☐ Emergency room records
For air transport, submit certification and documentation to support medical necessity for air verses ground transport
☐ If applicable, submit the Advance Beneficiary notice of Noncoverage (ABN) issued to the beneficiary/representative
Check signatures to ensure legible. If missing, send a completed signature attestation. If illegible, send a signature log
☐ If applicable, submit your policy and procedure associated with the use of electronic signatures