**FLOW CHART for REPETITIVE AMBULANCE TRANSFER**

**Physician Certificate Statement (PCS) Forms**

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**IS THE PATIENT BED CONFINED* AT THE TIME OF TRANSPORT?**

*Per CMS Guidelines, patient MUST MEET ALL CRITERIA:

1. Inability to get up from bed without assistance
2. Inability to ambulate
3. Inability to sit in a chair, including wheelchair

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**DOES THE PATIENT REQUIRE CONTINUOUS MONITORING BY TRAINED STAFF?**

i.e. Oxygen, Airway, Cardiac, Psychiatric Care, etc.

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**CAN THE PATIENT BE SAFELY TRANSPORTED BY MEANS OTHER THAN AMBULANCE?**

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**STOP.**

STRETCHER TRANSPORT IS **NOT MEDICALLY NECESSARY**

SCHEDULE OTHER MEANS OF TRANSPORT:
Taxi or Wheelchair Service
REDDI-Ride: 248-559-2500

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**COMPLETE REPETITIVE TRANSPORT PCS FORM**

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**WHY?**

EXPLAIN IN DETAIL WHY AMBULANCE TRANSPORT IS NEEDED

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To Schedule Transport with ALLIANCE MOBILE HEALTH

**CALL** Dispatch: 888-843-3772

**FAX** Repetitive PCS Form to AMH:
Primary 248 – 457 – 1878
Alternate 248 – 457 – 0376
**QUESTIONS?**
Office 248 – 457 – 0344