

## 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:

A run s	sheet to document (separate for each transport):
	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 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 at 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  Chark signatures to answer legible. If missing sand a completed signature attestation. If
	Check signatures to ensure legible. If missing, send a completed signature attestation. If
П	illegible, send a signature log
Ц	If applicable, submit your policy and procedure associated with the use of electronic signatures
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