

Cecil County Health Department
MEDICAL TRANSPORTATION
401 Bow Street
Elkton, MD 21921
410-996-5171
FAX 410-996-1020

PHYSICIAN'S CERTIFICATION FOR MEDICAL TRANSPORTATION

MA# _____ Date of transport _____

Date of birth _____ SSN: _____

Patient name _____

Address _____

Doctor's office, clinic or hospital requesting transport: _____

Phone number and contact name for requestor _____

Facility name client is to be transported to: _____

Ambulance company: _____

Diagnosis: _____

Medical reason another mode of transportation cannot be used: _____

Does this condition cause temporary or permanent disability to such a degree that it is medically necessary for the individual to be accompanied during transport? (YES) (NO)

Signature of Physician or RN: _____

Date: _____ Printed name of Physician or RN: _____

Please complete form and fax to the Cecil County Health Department Medical Transportation Program at 410-996-1020 to obtain a **pre-authorization** number for transport. Any facility that must transport a Medical Assistance client by ambulance during weekend or evening hours can fax the completed and signed Physicians Certification for Medical Transportation form to the Transportation Program and staff from the transportation program will contact your office the next business day with authorization. Charges arising from a trip that has not received approval are the responsibility of the requestor.

PRE-AUTHORIZATION

NUMBER:

(Number must be given to Ambulance Company providing transport)

**THIS FORM MUST BE SIGNED BY A LICENSED PHYSICIAN OR RN
FAX TO 410-996-1020 ATTN: PENNY HAMILTON**