

SPECIALTY CARE TRANSPORT FORM

Patient Name: _____

Date of Service: _____ Incident Number: _____

Specialty Care Transports require supplies and services at a level of care beyond the scope of the EMT/Paramedic. In order to process these claims, Medicare is requiring additional information:

1. Critically ill or injured patient's condition that required on-going care during transport: _____

2. The level of the health professional's training, beyond the scope of the EMT/Paramedic who furnished the care (Please give the name and credentials of the person who furnished the care beyond the level of paramedic; i.e. CCEMTP, Critical Care Nurse, etc.): _____

3. The reason for the transport (**specialty** or **procedure** not available at the first facility): _____

4. Specific treatment given to the patient en route. (**Procedures performed that are beyond the scope of the paramedic**). Please be very specific. _____

_____.

Additional Information: _____

