



Dear Care First EMS Patient,

In an effort to ensure continuing service to Care First EMS patients who require non-emergency ambulance transportation for dialysis, we are requesting information verifying that you meet the Medicare coverage guidelines. **We will continue to provide you transportation pending the verification of your eligibility for non-emergency transportation for dialysis.**

If it is later determined that you are not eligible under Medicare for non-emergency transportation for dialysis, your transportation through Care First EMS will be discontinued, or an alternate form of payment must be determined. Up to a maximum of three (3) transports will be made while a satisfying method of payment is determined.

Please complete, sign, date and return **all** the completed attached forms:

- 1) Acknowledgement Of This Letter
- 2) Medical Necessity Form Explanation
- 3) Care First EMS Medicare Coverage Verification Questionnaire
- 4) Medical Necessity Form (Physician Certification) **to be signed by your primary care physician**

Please return the completed forms within two (2) weeks to allow for continued transportation with Care First EMS.

Thank you for your cooperation. Your patronage of Care First EMS is greatly appreciated.

***I have received the medical necessity form and agree to return it within two (2) weeks of receipt to continue transportation.***

X \_\_\_\_\_

*Patient or Responsible Party Signature*

\_\_\_\_\_ *Date*

***Return form to EMT***