



## Medicare Coverage Verification Questionnaire

Patient Name \_\_\_\_\_

Patient Address \_\_\_\_\_

\_\_\_\_\_

Patient Telephone \_\_\_\_\_

Patient Social Security Number \_\_\_\_\_

Patient Date Of Birth \_\_\_\_\_

\_\_\_\_\_

If any person other than the patient fills out this form on behalf of the patient, please provide the following information:

Guardian or Responsible Party Name (printed) \_\_\_\_\_

\_\_\_\_\_

Guardian or Responsible Party Address \_\_\_\_\_

\_\_\_\_\_

Guardian or Responsible Party Telephone \_\_\_\_\_

\_\_\_\_\_  
EMT Initials

\_\_\_\_\_  
Date



1. Has your non-emergency transportation to dialysis by ambulance been found to be medically necessary?

YES  NO

2. If you answered "Yes" to number 1, please state the name of your physician who has made this diagnosis and provide his/her phone number and address.

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3. Please state your medical condition(s) that requires you to receive non-emergency transportation for dialysis.

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4. Has your medical condition warranting your non-emergency transportation for dialysis improved or changed in the last sixty (60) days?

YES  NO

5. If you answered "Yes" to number 4, please state how your condition has improved or changed in the last 60 days.

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6. If you reported an improvement or change in your condition above, have you informed your physician of this change or improvement?

YES  NO



- 7. Have you ever missed dialysis due to lack of transportation?  
 YES    NO
- 8. Do you have any method of transportation to dialysis other than by ambulance?  
 YES    NO
- 9. Are you able to get up from bed without assistance?  
 YES    NO
- 10. Are you able to sit in a chair or wheelchair?  
 YES    NO
- 11. Are you able to walk?  
 YES    NO
- 12. If you are able to walk, please list all other medical conditions, diagnoses or impairments that make your non-emergency transportation for dialysis medically necessary.

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**I declare under penalty of perjury that the preceding information is true and correct.**

**X** \_\_\_\_\_

*Patient or Responsible Party Signature*

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