



To Whom It May Concern,

Medicare has made changes concerning Medical Necessity Forms, or Physician Certification Statements, as they are sometimes called. These forms are required by Medicare for ambulance transport and must be signed by your primary care physician.

Medicare now requires that these forms be signed every 60 days. This is unconditional and must be adhered to for continuous transport with our company.

I have included a necessity form. If you have any questions or concerns, please feel free to contact us.

Thank You,

Keith Powell  
Operations Manager

**I have received the medical necessity form and agree to return it. To continue transport with Care First EMS, I agree to return the form within 2 weeks of receipt.**

X \_\_\_\_\_  
*Patient or Responsible Party Signature* *Date*