UnityPoint Health
St. Luke's Hospital

LifeGuard Air Ambulance
Call LifeGuard Dispatch 24 hours a day
1-800-223-6627

1026 A Avenue NE
Cedar Rapids, Iowa 52406

LIFEGUARD AIR AMBULANCE CERTIFICATION FORM

This form must be filled out and returned to
St. Luke's Hospital, LIFEGUARD OFFICE

Date of flight _____

Patient Name_____ Date of Birth_____ Social Security XXX-XX-_____

Patient Address_____

Transferring Facility: _____

Receiving Facility: _____

REFERRING PHYSICIAN MEDICAL NECESSITY STATEMENT

I have explained the patient's medical condition and the need for further medical care and that I recommend air transport.

To verify to insurance carriers the necessity of air transport by LifeGuard Air Ambulance as opposed to ground ambulance transportation, please mark the following criteria that apply:

- ☐ The patient is unstable or potentially unstable.
- ☐ The patient's severity of illness or injury requires specialized medical personnel, equipment, interventions or tests that are not presently available at the sending facility.
- ☐ The extended time of ground transportation to the nearest appropriate facility is potentially detrimental to the patient.
- ☐ The patient requires the medical expertise of a flight physician/flight nurse/flight paramedic during medical transport.
- ☐ The patient's condition warrants minimal out of hospital time between critical care units.
- ☐ The patient requires advanced level treatments, medications, or other interventions which are above the scope of available ground ambulance transport units.
- ☐ Other: _____

Provisional Diagnosis/Impression: _____

Signature of Certifying Physician **Printed Name of Certifying Physician** **Date**