



## Important Provider Reminder for Dialysis Centers: Physician Certification Statement (PCS) Forms are Required for Non-Emergency Medical Transportation (NEMT)

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Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We have an important reminder we would like to share with you.

The Alliance is proud to provide transportation services to our members as a part of our Medi-Cal and Group Care benefits. Alliance Medi-Cal members can also receive non-emergent medical transportation (NEMT) for specific modes of medical transportation. A Physician Certification Statement (PCS) is needed from the member's provider with a detailed assessment of the patient's medical needs or functional limitations that require NEMT. **Dialysis providers can complete the PCS Form for Alliance members to receive NEMT.**

NEMT includes the following transportation modes:

- Ambulance
- Litter van
- Wheelchair Van
- Air Transport

If you request authorization for care, and your patient needs one (1) of the four (4) modes of transportation listed above, please complete the PCS Form.

A completed PCS form **helps** to ensure your patient receives the correct level of transportation for their needs. The Alliance will save the completed form for as long as the provider certifies to allow the member to receive the same method of transportation for each covered appointment.

Enclosed with this notice is the PCS Form. You can also view and download the form on the Alliance website at [www.alamedaalliance.org/members/medi-cal/benefits-and-covered-services](http://www.alamedaalliance.org/members/medi-cal/benefits-and-covered-services) under *Transportation Services - Transportation Request Form*. For PCS Forms submitted via email, please ensure that you are sending via a secure encrypted email system.

Our goal is to provide the highest levels of customer service and help your patients get the care and services they need. If you have any feedback on how we can improve these services or the PCS form, please let us know. Together, we are creating a healthier community for all.

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**Questions?** Please call the Alliance Case and Disease Management Department  
Monday – Friday, 8 am – 5 pm  
Phone Number: **1.510.747.4512**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)



## Physician Certification Form – Request for Non-Emergency Medical Transportation (NEMT)

Please complete the Alameda Alliance for Health (Alliance) Physician Certification Form – Request for Non-Emergency Medical Transportation (NEMT) Form to request NEMT services for Alliance members. NEMT includes transportation by ambulance, wheelchair, and gurney vans for medically necessary covered services, specifically when the patient is non-ambulatory. All NEMT trips include door-to-door service.

### **INSTRUCTIONS**

1. Please print clearly, or type in all of the fields below.
2. Please complete the form and fax or email it to:

Alameda Alliance for Health

ATTN: Case and Disease Management Department – Request for Transportation

Fax Number: **1.510.747.4130**

Email: **DeptCMDM@AlamedaAlliance.org**

**Questions?** Please call Alliance Case Management Department at **1.510.747.4512**.

**PLEASE NOTE:** A PCS form is only required to request NEMT services. A PCS form is not required for non-medical transportation (NMT) level services such as a bus, taxi or car. To request and schedule NMT services, Alliance members can call Alliance Transportation Services toll-free at **1.866.791.4158**.

### **SECTION 1: MEMBER INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Alliance Member ID #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ☐ Home ☐ Cell

### **SECTION 2: TRANSPORTATION NEEDS**

Non-emergency medical transportation (NEMT) request (*please select only one (1) level of service*):

- ☐ Air transport (additional verification information needed for approval)
- ☐ Ambulance (including basic life support (BLS), advanced life support (ALS), critical care transport (CCT), specialty care transport (SCT), bariatric patients, and patients who require oxygen not self-administered or regulated)
- ☐ Litter van/gurney van (for bedbound patients, including bariatric patients)
- ☐ Wheelchair van (including bariatric patients)

## SECTION 2: TRANSPORTATION NEEDS (cont.)

Duration (from date of signature below):

- ☐ 3 months
- ☐ 6 months
- ☐ 9 months
- ☐ **12 months (max duration)**
- ☐ Other: \_\_\_\_\_

## SECTION 3: FUNCTION LIMITATIONS JUSTIFICATION

Please describe the member's specific physical and medical limitations that prevent the member's ability to reasonably ambulate without assistance or be transported by public or private vehicles (*please select only one (1)*):

- ☐ Member is a dialysis recipient
- ☐ Member has leg weakness, mobility limitations or fall risk
- ☐ Member has severe mental confusion
- ☐ Other, please describe: \_\_\_\_\_

## SECTION 4: CERTIFICATION FOR NON-EMERGENCY MEDICAL TRANSPORTATION

The provider who is responsible for providing care for the member is responsible for determining the medical necessity for transportation. This certificate can be completed and signed by an MD, DO, PA, NP, CNM, physical therapist, speech therapist, occupational therapist, or mental health or substance use disorder provider who is employed or supervised by a hospital, facility, or physician's office where the patient is being treated and who has knowledge of the patient's condition at the time of completion of this certificate, except for requests relating to hospice or home health services, which must be signed by an MD or DO.

Provider Last Name: \_\_\_\_\_ Provider First Name: \_\_\_\_\_

Provider Credential: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_