



155 KAPALULU PLACE
HONOLULU, HI 96819
DISPATCH: 1-800-201-2911
FAX: 808-836-2809

MEDICAL NECESSITY TRANSPORT

Patient's Name _____

Date of Service _____

I, Dr. _____ (Transferring Physician) from _____

(Referring Facility), am referring this patient to Dr. _____ (Accepting Physician)

at _____ (Accepting Facility) in _____ (City, State)

which is the nearest facility to appropriately treat this patient's illness and/or injury. Based on my assessment of the patient and the continued medical/nursing care required, air ambulance transport is medically necessary. Any other means of transportation or use of any other receiving facility and/or physician is contraindicated and would be detrimental to this patients' health and safety for the following reasons:

A. Time:

- The patient's condition is time critical, requiring air ambulance transportation in order to minimize morbidity and /or mortality.
- The patient's condition meets the established criteria for transport based on published standards for appropriate utilization of air ambulance transportation from the EMS, Emergency, Trauma, Surgical, Medical, Pediatric, Neonatal, or Maternal Services.

B. Appropriate Facility:

- The receiving facility provides specialized care, which is not available at the referring facility for further diagnostics and treatment for this patient.
- The receiving facility has previous medical records where the patient received specialized treatment in the past.
- The patient's attending physician requests transport to a specific facility based on the medical needs of the patient.

C. General Criteria:

- The patient requires critical care or advanced life support (personal, equipment, medications, procedures, monitoring, special equipment and/or care) transport that is not available from the local ground ambulance service.
- The distance to the closest appropriate facility is too great for the safe and timely transport by ground ambulance.
- An appropriate staffed or equipped local ground ambulance is not available for transport.
- The patient's condition requires emergency ground transportation from the referring facility to the air ambulance aircraft and emergency ground transportation from the air ambulance aircraft to the accepting facility.

Signature of Transferring Physician or RN (in Physician's absence) Date