

Medicaid Non-Citizen
Emergency Medical Condition
Physician Certification

Name of Patient: _____ Gender M or F

Date of Birth: _____

Is this patient pregnant? Yes No EDC: _____

Please list diagnosis: _____

Is this a life or limb threatening condition? Yes No (please see rule below)

Date(s) patient received treatment for the diagnosis listed above: _____

This statement certifies that the patient received emergency medical treatment and services for the diagnosis(es) listed above.

Print name and title

Signature and Date

Phone

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An emergency medical condition (including labor and delivery) which manifests itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: 1) placing the patient's health in serious jeopardy; 2) serious impairment of bodily function; or 3) serious dysfunction of any bodily organ. A physician shall make a written statement certifying the presence of an emergency medical condition when services are provided and shall indicate that services were for a medical emergency on the claim form. Coverage is limited to care and services that are necessary to treat immediate emergency medical conditions. Coverage does not include prenatal care or follow-up care.

Return form to: Kit Carson County Health and Human Services
Fax 719.346-8066

County Technician: _____

Name

Phone Number

Date