

SUPERIOR AMBULANCE SERVICE, INC.

Physician's Certification Statement (PCS) Addendum for Behavioral Health Transports

Phone: (505) 247-8840

DISPATCH fax: (505) 836-7950

BILLING Fax: (505) 830-1260

Patient's Name _____ Date of Birth ____/____/____ Transport Date ____/____/____

For a patient being transported to a behavioral health facility, please use the table below to indicate this is the closest appropriate accepting facility. Use the blank areas at the bottom for any facilities not listed.

Is the patient currently under a psychiatric hold? Yes- Duration: _____ No

The ambulance transport benefit under Medicare covers a medically necessary transport of a beneficiary by ambulance to the nearest appropriate facility that can treat his or her condition when any other methods of transportation are contraindicated.

Facility	Address	Availability	
Haven Behavioral Hospital	5400 Gibson Blvd Se Albuquerque, NM 87108	Age 25+? (Sandia) <input type="checkbox"/> Yes <input type="checkbox"/> No	Bed available? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Age 55+? (Rio Grande) <input type="checkbox"/> Yes <input type="checkbox"/> No	Bed available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Central Desert Behavioral Health Center	239 Elm St NE Albuquerque, NM 87102	Age 50 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bed available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lovelace Medical Center	601 Dr MLK Jr Ave NE Albuquerque, NM 87102	Age 18 to 50? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bed available? <input type="checkbox"/> Yes <input type="checkbox"/> No
UNM Psychiatric Center	2600 Marble NE Albuquerque, NM 87131	Age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bed available? <input type="checkbox"/> Yes <input type="checkbox"/> No
UNM Children's Psychiatric Center	1001 Yale Blvd NE Albuquerque, NM 87131	Age 17 or younger? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bed available? <input type="checkbox"/> Yes <input type="checkbox"/> No
PMG Inpatient Psychiatric Services at Presbyterian Kaseman	8300 Constitution Ave. NE Albuquerque, NM 87110	All ages accepted.	Bed available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Raymond G. Murphy VA Medical Center	1501 San Pedro SE Albuquerque, NM 87108	Patient is a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bed available? <input type="checkbox"/> Yes <input type="checkbox"/> No
UNM Sandoval Regional Medical Center	3001 Broadmoor Blvd NE Rio Rancho, NM 87144	Age 55 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bed available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Christus St. Vincent Behavioral Health Services	440 St. Michael's Dr #250 Santa Fe, NM 87505	Age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bed available? <input type="checkbox"/> Yes <input type="checkbox"/> No
New Mexico Behavioral Health Institute (NM BHI)	3695 Hot Springs Blvd Las Vegas, NM 87701	All ages accepted.	Bed available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sunrise Mental Health Center at Eastern New Mexico Medical Center	405 W Country Club Rd Roswell, NM 88201	Age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bed available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mesilla Valley Hospital	3751 Del Rey Blvd Las Cruces NM, 88012	Age 12 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bed available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gerald Champion Regional Medical Center	2669 Scenic Dr Alamogordo, NM 88310	Age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bed available? <input type="checkbox"/> Yes <input type="checkbox"/> No
The Peak Behavioral Health Hospital	5055 McNutt Rd Santa Theresa, NM 88008	Age 12 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bed available? <input type="checkbox"/> Yes <input type="checkbox"/> No

By signing below, I attest to the accuracy, completeness and truthfulness of the information referenced above based on my best knowledge, information, and belief.

Signature

Printed Name & Title

Date