

Incident x +  
https://idaho.imagetrendelite.com/Elite/Organizationidaho/Agency3jkluvr1/EmsRunForm#/Incident716/Form6

Find field... Save

**Insurance**

+ Add Another    ✓ OK    ✕ Cancel

Insurance Company Billing Priority: [dropdown] [list icon]

Insurance Company Name: [text input] [list icon]

Insurance Company Address: [text input]

Insurance Company Postal Code: [text input]

Set From Postal Code

Insurance Company City: [text input]

Insurance Company State: [text input]

Insurance Group ID/Name: [text input]

Insurance Policy ID Number: [text input]

Last Name of the Insured: [text input]

First Name of the Insured: [text input]

Middle Initial/Name of the Insured: [text input]

Relationship to the Insured: [dropdown] [list icon]

CAD Info/Dispatch  
On Scene  
Patient Info  
Patient History  
Provider Actions  
Patient Assessment  
Narrative  
Transport/Destination Info  
**Billing Info**  
Insurance Info  
PCS Form Info  
Billing Info  
Signatures

Times  
Mileage  
Timeline  
Situations  
Worksheets  
Assessment  
Vital  
GCS  
POHST  
ECG  
Procedure  
Medi  
Spinal  
All

John Brown | Unit Number / Call Sign V-6/901 \*    100 Validation Menu    Status: Completed    ✓

1. Fill in appropriate info if you have it.

Incident

https://idaho.imagetrendelite.com/Elite/Organizationidaho/Agency3jkluvr1/EmsRunForm#/Incident716/Form6

Save Print PDF EKG Messages (0) Close

Find field...

CAD Info/Dispatch

On Scene

Patient Info

Patient History

Provider Actions

Patient Assessment

Narrative

Transport/Destination Info

**Billing Info**

Insurance Info

**PCS Form Info**

Billing Info

Signatures

**PCS Form Info**

Physician Certification Statement: No Unknown Yes

Reason for Physician Certification Statement: Find a Value...

Healthcare Provider Type Signing Physician Certification Statement: Clinical Nurse Specialist Discharge Planner Physician (MD or DO) Physician Assistant Registered Nurse Registered Nurse Practitioner

Last Name of Individual Signing Physician Certification Statement:

First Name of Individual Signing Physician Certification Statement:

Next

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100 Validation

Menu

Status: Completed

### PCS Form Info

1. Physician Certification Statement:
  - a. Select the answer, should be Yes for all transfers.

The screenshot shows a web browser window with the URL <https://idaho.imagetrendelite.com/Elite/Organizationidaho/Agency3jkluvr1/EmsRunForm#/Incident716/Form6>. The page title is "Reason for Physician Certification Statement". At the top, there are buttons for "Save", "Print", "PDF", "EKG", "Messages", and "Close". On the left, there is a search bar labeled "Search values..." and a list of items to select, including "Bed Confined", "Cardiac/Hemodynamic monitoring required during transport", "Confused, combative, lethargic, comatose", "Contractures", "Danger to self or others-monitoring", "Danger to self or others-seclusion (flight risk)", "DVT requires elevation of lower extremity", "IV medications/fluids required during transport", "Moderate to severe pain on movement", "Morbid Obesity requires additional personnel/equipment to handle", "Non-healing fractures", and "Orthopedic device (backboard, halo, use of brace, cast, etc.) requires special". The main area is titled "PCS Form Info" and contains several fields: "Physician Certification Statement:" with "No", "Unknown", and "Yes" buttons; "Reason for Physician Certification Statement:" with a dropdown menu showing "Find a Value...", "Bed Confined", "Cardiac/Hemodynamic monitoring required during transport", "Confused, combative, lethargic, comatose", "Contractures", "Danger to self or others-monitoring", "Danger to self or others-seclusion (flight risk)", and "DVT requires elevation of lower extremity"; "Healthcare Provider Type Signing Physician Certification Statement:"; "Last Name of Individual Signing Physician Certification Statement:"; and "First Name of Individual Signing Physician Certification Statement:". A red arrow points from the search bar to the dropdown menu. At the bottom right, there is a "Next" button. The footer shows "John Brown | Unit Number / Call Sign V-6/901", "100 Validation", "Menu", "Status: Completed", and a green checkmark icon.

1. Reason for Physician Certification Statement:
  - a. Select all that are checked on the PCS

Incident

Find field...

Save Print PDF EKG Messages (0) Close

CAD Info/Dispatch

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**Billing Info**

Insurance Info

**PCS Form Info**

Billing Info

Signatures

**PCS Form Info**

Physician Certification Statement: No Unknown Yes

Reason for Physician Certification Statement: Find a Value...

Healthcare Provider Type Signing Physician Certification Statement: Clinical Nurse Specialist Discharge Planner Physician (MD or DO) Physician Assistant Registered Nurse Registered Nurse Practitioner

Last Name of Individual Signing Physician Certification Statement:

First Name of Individual Signing Physician Certification Statement:

Next

jon brown Unit Number / Call Sign V-7/EMS 981

100 Validation Menu

Status: In Progress

1. Healthcare Provider Type Signing Physician Certification Statement:
  - a. For us it will be either the nurse or Doctor choose who signed the PCS.
2. Last Name of Individual Signing Physician Certification Statement:
  - a. Type name in box.
3. First Name of Individual Signing Physician Certification Statement:
  - a. Type first name in box.

Incident

Find field...

Save Print PDF EKG Messages (0) Close

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Transport/Destination Info

**Billing Info**

Insurance Info

PCS Form Info

**Billing Info**

Signatures

**Billing Info**

Primary Method of Payment:

CMS Service Level:

Next

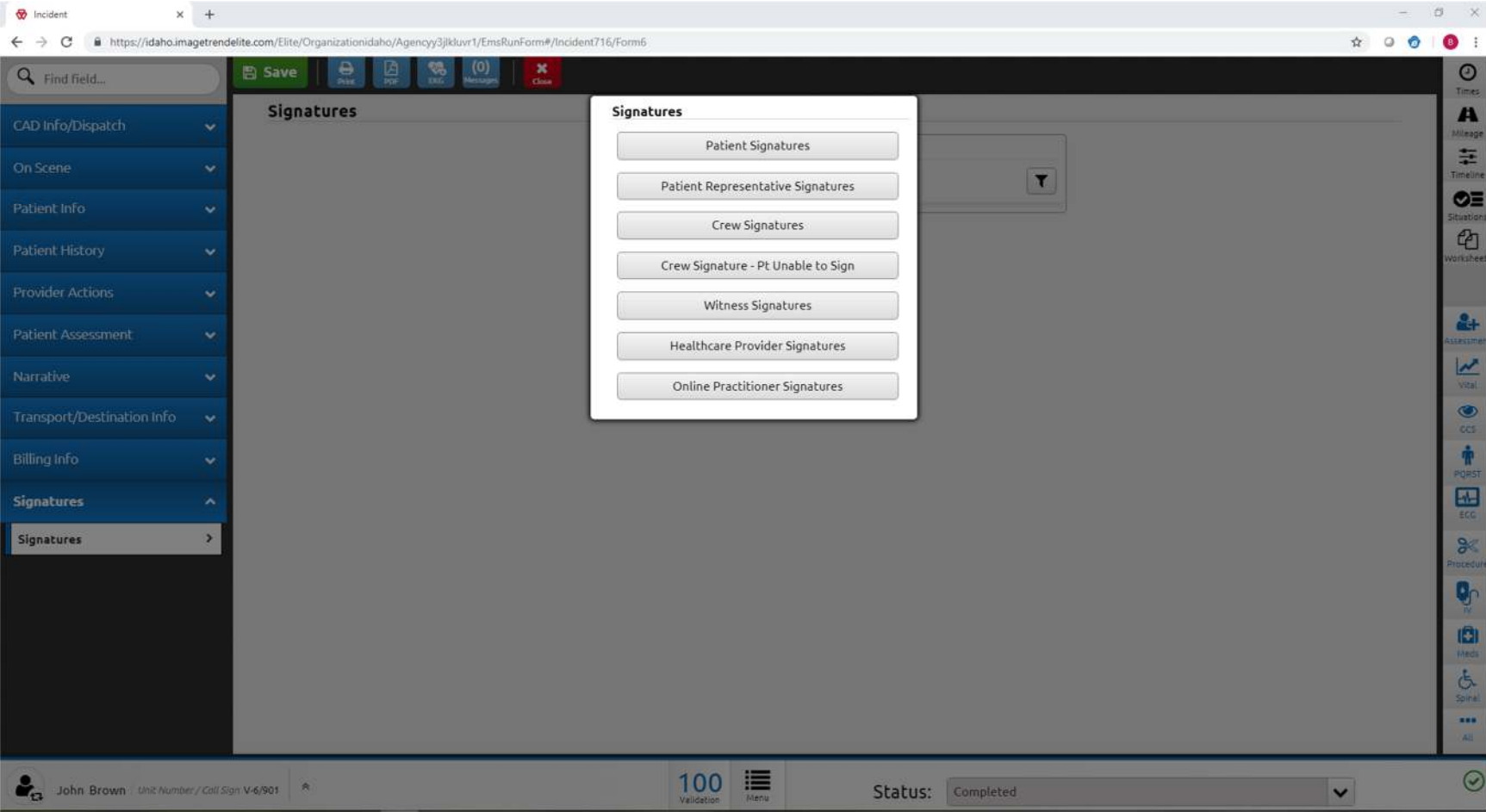
jon brown | Unit Number / Call Sign V-7/EMS 981

100 Validation Menu

Status: In Progress

### Billing Info tab

1. Primary Method of Payment: not used
2. CMS Service Level:
  - a. Set by billing reviewer.



**Signatures**

Signatures click add