

GAMP

Provider Certification for Emergency Services For Non-qualifying Aliens

Section 1: Instructions

INSTRUCTIONS: This form should be submitted to the General Assistance Medical Program. Providers are to keep a copy for their records. Reimbursement for the emergency service is conditional on the submission of a GAMP application, payment of necessary processing fees and the individual meeting all program eligibility requirements.

1. Name — Enter the patient's last name, first name, and middle initial.
2. Date of Birth — Enter the birth date of the patient.
3. Address — Enter the complete address (street, city, state, and ZIP) of the patient's place of residence.
4. Telephone Number — Enter the telephone number of the person, including area code.
5. Provider's Name — Print the medical provider's name.
6. Facility — Enter the name of the facility where treatment was provided.
7. Emergency Start Date—Enter the start date in MM/DD/YYYY format in which the patient was initially treated for the emergency condition (according to the federal definition).
8. Emergency End Date — Enter the date in MM/DD/YYYY format in which the patient's condition was no longer considered an emergency condition, or the date in the future, in your judgment, the emergency condition will end.
9. Nature of the Emergency — Describe the condition.
10. Signature — Physician. The form must be signed and dated by the performing physician or other individual who can verify that the patient was treated for an emergency condition according to the federal definition.
11. Date Signed — Enter the date the form is signed.

Section 2: Definition of Emergency

GAMP borrows the Wisconsin Medicaid definition of emergency and is the payor of last resort. Under 8 USC 161 1(b) (1)(A), certain non-US citizens are not eligible for services except when those services are necessary for treatment of an emergency medical condition. Title 42 CFR s.440.255(c)(1) describes an emergency medical condition as:

A medical condition manifesting 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 to bodily functions, or 3) Serious dysfunction of any bodily organ or part.

Per federal regulations, services do not include major organ transplants, or ongoing treatment for chronic conditions where there is no evidence of an acute emergent state.

This benefit only covers EMTALA related services.

Section 3: Patient Information

1. Name		2. Date of Birth	
3. Address			Apt
City	State	Zip Code	4. Phone Number

Section 4: Provider Information and Certification

5. Name of Provider (please Print)		6. Facility Providing Care	
7. Emergency start Date		8. Emergency End Date	
9. Nature of Emergency (Please Attach Notes)			
10. Signature of Physician			11. Date of Signature