WELCOME

TO

[Name of the Program]

AT

[Name of Hospital]

PATIENT ORIENTATION PACKET

[Program]

AT

[Hospital]

ORIENTATION PACKET

**Dear Patient:**

The entire staff of the [program name] extends a warm welcome to you and your family. The hospital is certified to offer ***short-term*** skilled medical and physical rehabilitation care using the acute care beds for patients in transition between acute care and home care or other lower level of care facility.

Your physician has recommended you participate in a short stay program to stabilize your condition, complete a pre-determined treatment and/or to increase your endurance, functionality, and independence. Our goal is to provide a patient-centered environment which is comfortable with medical needs and supportive to encourage you to recuperate and regain as much independence as possible.

Though we are a program located on an acute care unit, your daily routine should be quite different than your hospital stay. To achieve the goals described above and to prepare you for your next phase of recovery, it will be important for you to increase your participation in activities of daily living as early as possible and to dress in street clothes.

This Orientation Packet is meant to provide you with general information about [Name of the program] and review your Rights & Responsibilities as required by the Center for Medicare & Medicaid Services.

If you have any questions, need clarification or additional information, please do not hesitate to request assistance from one of our staff members but in particular, your Care Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sincerely,**

**The [Name of Program] Interdisciplinary Team**

# PATIENT & FAMILY GUIDELINES

## Interdisciplinary Team and Discharge Planning:

An interdisciplinary approach is utilized to provide greater continuity and communication about your care and treatment.

The team is made up of yourself, your family, your primary physician and/or the inpatient hospitalists, and staff from all disciplines (Nursing, Rehabilitative Therapies, Registered Dietician, Pharmacist, Care Management, Social Services, Respiratory Therapy, Chaplain/Pastoral Care, and others [remove those that do not apply]), as needed.

The team meets weekly or more frequently to discuss expected discharge goals specific to your needs and the progress with current treatment for each patient.

Care Management will discuss with you and your family (as appropriate) your needs and concerns before the interdisciplinary team meetings, represent you at the meetings and review the outcome of the meeting within 24-48 hours after.

The team or the patient/family may request a meeting specific to their care with appropriate team members to discuss discharge plan in more details as needed.

## Physician Services:

While on the unit, you may be cared for by your primary physician, if he/she is credentialed to provide inpatient care at [name of hospital] and chooses to follow patients at the skilled level of care.

If your primary physician does not follow care of skill patients on our unit, you may be provided with alternative physician participation who are credentialed and agree to follow skill patients.

Otherwise, your care will be followed by our hospitalist. ***He/she will visit you on the day of admission an on an as needed basis but no less than weekly*** to assure your medical needs are met. He/she will participate in your interdisciplinary treatment and discharge plan.

If your inpatient care is provided by the hospitalist, he/she will be in touch with your primary care provider as needed and will complete a discharge summary which will be sent to your doctor after discharge.

The patient communication board in your room will not only contain the name of the team members for the day but also the name of your physician, or hospitalist covering each day and how they may be reached. Nursing will always notify the physician of any change in your condition and requests you may have.

## Clothing and Laundry:

Your stay here is to assist you in regaining independence. To accomplish this, you will likely be participating in therapy programs and activities of daily living, therefore, you will need loose, comfortable clothing along with a sturdy, comfortable pair of shoes and daytime wear. Families will be responsible for doing your laundry at home except under special circumstances.

Suggested clothing/articles to bring with you to [program name] are like you wear at home:

* loose fitting pants & t-shirt/sweatshirt
* socks
* sturdy shoes/sneakers
* night gown/pajamas
* shirt/blouses
* undergarments
* personal care items (glasses, lens, dentures, hearing aids, prosthesis, etc.)

## Visiting Hours:

Visitors (family or others) are welcome during the hospitals’ inpatient visiting hours of [between x hr. to x hr.] but plans can be made with nursing to visit at any other time as needed.

We require notification to ensure respect of quiet time for other patients.

We encourage families to observe or participate in treatment and therapy sessions at the treatment team’s discretion.

At certain times, family members, significant, and/or concerned others may be asked to wait until a treatment or therapy session is over before visiting.

Children are welcome but must be accompanied by an adult.

For the sake of your health and that of others in the unit, please discourage visitors who may have colds or other communicable conditions from coming for a visit.

The hospital does reserve the right to limit visitors and place other restrictions as necessary to prevent community-associated infection or communicable disease transmission to you.

## Nutrition and Diet:

Meals are served on a regular schedule as follows. Nutritious snacks are available in between meals and evenings. Please feel free to ask for snacks as part of your balanced meal plan.

[Breakfast Insert]

[Lunch Insert]

[Dinner Insert]

[Hospital name] will do everything possible to meet your food preferences due to beliefs or preferences. Please notify us of food preferences during your assessment or anytime thereafter.

Please do not bring food from home unless you have checked with nursing and/or dietician for authorization. Many of our patients are on special diets or may need it prepared in a specific way because of swallowing problems.

## Hospital Cafeteria Hours: [if visitors allowed in cafeteria]

Food Service is available to your family members in [hospital] cafeteria located [describe where cafeteria is]. Serving times are:

[insert cafeteria hours]

Vending machines are also located in [describe where].

[Can they order a tray to eat with patient in his/her room or dining room for a fee? If so, note hospital policy here]

## Smoke Free Environment:

[Add hospital policy]

## Comfortable Setting:

While here at [program name], our desire is for you to be as comfortable as possible. You are provided a bedside table, personal cabinet [and/or bulletin board – add if available] for your special photographs, personal items, and/or bedside items from home.

[We will make note on an inventory sheet of your belongings, to assure return of these special items back home with you. Note if you do this or remove].

Feel free to bring a music player of choice, such as a CD player with your favorite CDs if you would like, but the music player will need to be checked for safety by our environmental department.

[Hospital name] is not responsible for lost items that you choose to bring to the hospital.

## Safety:

The unit requests that patients, their family members, significant others and/or concerned others to recognize some basic safety issues.

* Hand washing by you, family and visitors is as important as it is for the hospital staff.
* Medications, from home, are not permitted unless discussed with your physician and reviewed by the hospital’s pharmacist.
* Family and other visitors should not attempt to help a patient in or out of bed, in or out of the bathroom, to ambulate etc. until trained by a staff member and authorized to do so.
* Fall and isolation precautions as instructed by the staff must be respected.
* Alcohol is not permitted.
* [Add additional safety measures here]

## Television: [modify to fit for your hospital]

[Televisions are available in each room. Controls are at the bedside. If you need additional information regarding station, selections, or operating instructions, please ask a staff member.]

## Telephone Service: [modify to fit for your hospital]

[Telephones are made available to all patients at no cost.

Special arrangements can be made for patients in semi-private rooms who wish to make a confidential phone call.

Special accommodations can also be made for hearing impaired patients.

Local calls may be completed by dialing [insert information].

Unit staff may be reached by dialing [insert extension].

Long distance may be completed at your expense by calling the operator for assistance or seek assistance from one of the unit’s staff members.

Your family and friends may call you by dialing [insert # you want them to call] and requesting you by name and room number.]

## Newspaper:

[Unit to describe procedure specific to them – not mandatory but recommended for SB].

## Mail Service:

Regular mail service is available to patients at the [program name] to receive letters, packages and other materials delivered to the hospital for the patient through a means other than a postal service.

Please give outgoing mail to staff and they will ensure your mail is forwarded to the mailroom. Access to stationery, postage, and writing implements at the patient's own expense is available by [describe here].

For incoming mail, please be sure to have them addressed to you at [Unit, Hospital, Address].

Mail will be delivered within twenty-four (24) hours of receipt. If desired, you may request from your nurses that the mail be read to you at the time of delivery or soon thereafter.

## Voting:

[Write your process here]

## Married Couples:

[remove if you only have single rooms in which case you will note that married couples cannot share rooms given that only single rooms are available – if your single rooms are large – you can keep as below]

If circumstances are such that you and your spouse/life partner are a patient of this unit at the same time, you shall have the opportunity to share a room (as available). This shall be solely the option of both patients unless medically contraindicated and documented by the patients' physician.

## Hair Care:

Hair care will be provided by the nursing staff as needed. Patients are welcome to obtain services from their own beautician/barber but discuss an appropriate time with nursing not to interfere for skilled treatments/therapy.

## Patient Medical Records:

[Write based on your policy but should not be stricter than below]

You and/or your legal representative have the right to access all of your medical records upon request.

Within twenty-four (24) hours (excluding weekends and holidays) of receiving an oral or written request to review your records, they will be made available to you.

Photocopies of your record may be obtained within two (2) working days advance notice, and at a cost not to exceed community standards which is [add community standards].

## Benefits and Expenses:

[Program name] is a Medicare certified program for patients with documented inpatient skilled needs after 1 to 3 days in acute care.

Other payors require approval on a case-by-case basis. The care manager will discuss with you your Medicare and private insurance benefits and terms as related to skilled nursing services.

We make every effort to clarify the financial arrangements before your admission including any fees you will be responsible for paying "out of pocket" if applicable.

The Accounts Payable Department/Business Office of [hospital] is also available to assist as needed with your insurance questions and financial arrangement.

Regardless of the payer, we must be able to document daily skilled care needs on an inpatient basis on admission and for continued stay.

Payors, including original Medicare do not pay for custodial care needs only.

Utilization review outcome will be communicated with you on an on-going basis and you will be notified no less than two days prior to discharge when we know the goals should be met.

## Bed Hold:

Due to the limited number of beds in our unit, we are unable to hold or reserve a bed for you in the event that you have to be discharged back to acute care. We will do our absolute best though to accommodate you upon your return if that is part of your treatment plan.

If you need outpatient services (less than 24 hours) and still meet Medicare criteria for inpatient skilled care, your bed will be held, and you may return to it for your continued stay.

## Theft/Property Loss:

[Write/add per your policy]

If at any time you experience a theft or loss of personal property while at the hospital, report the loss/theft to a staff member immediately. We will assist to the extent possible. We encourage patients to keep valuables at home while here at the hospital or to make provisions for their safe keeping upon admission.

## Unsatisfactory Service and Complaints:

Your satisfaction with your stay in our unit is especially important to us. If you feel at any time that the services you are receiving do not meet your needs or expectations, or do not comply with your rights while in the skilled program, we want to know.

Please contact either staff member below to discuss your concerns.

[insert Director of Nursing name, title, and telephone #]

[insert Care Manager name, title, and telephone #]

In addition to the above names, you may register complaints with the Department of Health Services as follows:

[Department Name]

[Address]

[Telephone]

[Program AT Hospital]

PATIENT RIGHTS

As a patient of this program, you have the right to a dignified existence and to communicate with individuals and representatives of services of your choice inside and outside of the unit and facility. [Program name] has a goal to protect and promote your rights as identified below.

### Exercise of Rights

* You have the right and freedom to exercise your right as a patient of this unit and as a citizen or resident of the United States without fear of discrimination, restraint, interference, coercion, or reprisal from this unit.

### Notice of Rights and Services

You have the right to:

* Be fully informed, orally and in writing, in a language that you understand, of your right as a patient in this unit prior to or upon admission to [program name].
* Be fully informed of the rules of the skill program pertaining to the patient responsibilities.
* Be provided with updates of any changes in your right.
* Be informed of services available, in this skill program prior to or upon admission, and the related charges for such services if applicable.
* Be informed of any charges for both services covered and not covered under Medicare, or private insurance carrier.
* Be informed of the basic daily charge and the services covered and not covered under the daily rate given to you in your orientation packet.
* Inspect and purchase photocopies of your medical records.
* Be fully informed of your total health status in a language that you can understand.
* Have your physician and significant others notified in the case of an accident or a significant change in your condition.
* Keep and use personal clothing and possessions (which we strongly encourage as part of your return to independence).

### Free Choice

You have the right to:

* Choose your own personal attending physician if he/she is credentialed and chooses to practice inpatient care at [name of hospital]. Otherwise, the hospitalist or other agreed upon provider will be overseeing your care while maintaining communication with your primary provider, as necessary.
* Be informed of and are encouraged to participate in your care and treatment and any resulting changes.
* Give informed consent.
* Accept or refuse medical or surgical treatment.
* Participate or not participate in research investigation, or clinical trials.
* To be involved in decisions to provide or withhold resuscitative services.
* To be involved in decisions to provide, forgo, or withdraw life-sustaining treatment.
* To be involved in decisions related to your care at the end of your life.
* Share or formulate an Advance Directive as discussed during your orientation and in accordance with the hospital’s policy.

### Privacy

You have the right to:

* Personal privacy during treatments and personal hygiene.
* Privacy and confidentiality of your personal clinical records.
* Approve or refusal of the release of your records except in the event of a transfer or legal situation as well as the transfer of your data to Medicare or other payors for quality and payment purpose.
* Privacy during visits with your family and friends.
* Promptly send and receive your mail unopened. You have a right to access writing supplies.
* Use the telephone in privacy.

### Access and Visitation Rights

You have the right to:

* Receive or deny visitors of your choice.
* Receive or deny visitors at any reasonable hour and by arrangement at other times.
* Access to any patient advocate.
* Immediate access by any entity or individual that provides health, social, legal, or other service to patient, subject to your right to deny or withdraw consent at any time.
* Permit representatives of the state department of health to examine your clinical records, with your consent or your legal representative and consistent with state law.
* Communicate with your physician and dental care providers.

### Complaint/Grievance

You have the right to:

* Voice complaints/grievances or concerns about your care without fear of discrimination or reprisal.
* Expect prompt efforts for the resolution of complaint/grievance/concern.
* File a complaint/grievance/concern with the state survey and certification agency about patient abuse, neglect, and misappropriation of your personal property.
* File a complaint/grievance/concern with your state Department of Health representative.

### Personal Property

You have the right to:

* Retain and use personal possessions and appropriate clothing, within space allocated by the hospital unit, unless to do so would infringe upon the rights and security of other patients or violate current health and safety codes.

### Married Couples

You have the right to:

* Share a room with your spouse, when private rooms are available and large enough for two beds if both consent and such is not contraindicated by either person's medical status.

### Quality of Life

You have the right to:

* Be cared for in a manner that enhances your quality of life.
* Have unit procedures that protect you from abuse, neglect or mistreatment, and misappropriation of your property.
* Be treated with kindness, dignity, and respect in full recognition of your individuality.
* Be provided with the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with a comprehensive assessment and plan of care.
* You have the right to refuse to be photographed during you skilled care stay.
* Maintain your level of functioning in activities of daily living, (unless your clinical condition demonstrates that diminution was unavoidable) by encouraging you to perform the activities you can and assist you in the ones you need assistance with.
* Be provided with a nourishing, palatable, well-balanced diet that meets your daily nutritional and special dietary needs or diet preferences.
* Qualified rehabilitation services (physical and occupational therapy, speech language pathology), restorative nursing and respiratory therapy as required for your comprehensive plan of care.
* Be treated fairly and without discrimination because of race, creed, color, religion, sex, national origin, sexual preference, handicap, or age.
* Receive services with reasonable accommodations of individual needs and preferences, except where the health and safety of the individual or other patients would be endangered.
* Participate in choosing your own activities, schedules and health care and any other aspect affecting your life within the unit.
* Provision of safe, clean, comfortable environment allowing you the opportunity to use your personal belongings to the extent possible.
* Be free from verbal, physical, mental, or sexual abuse, corporal punishment, and involuntary seclusion.
* Be free from physical or chemical restraints imposed for the purpose of discipline, convenience and not required to treat your medical symptoms.
* Be free from fear of abuse.
* Report to the appropriate officials any alleged violation involving treatment/services.
* All alleged violations be thoroughly investigated.
* Provision of an ongoing program of activities designed to meet your needs and interests.
* Quality of life that supports independent expression, choice, and decision making, consistent with applicable law and regulation.
* Participate in religious activities and services of your choice available at the hospital and/or to meet privately with the clergy.
* Considerate care that respects your personal values, beliefs, cultural, and spiritual preferences, and life-long patterns of living.
* Expect that the unit staff will listen and act upon requests or concerns from you or your loved one.
* Be provided notification and reasons for transfer or discharge in an understandable manner.
* Not be transferred or discharged unless your needs cannot be met, safety is endangered, services are no longer required, or payment has not been made.
* Be provided sufficient preparation to ensure a safe transfer or discharge.
* Access of identified policies regarding transfer, discharge, and services for all patients.

# PATIENT RESPONSIBILITIES

#### The patient/family has a responsibility for providing a medical history, present or past, as well as other matters relating to his/her health to the responsible physician.

#### The patient/family has a responsibility for reporting unexpected changes in his/her condition to the responsible staff and physician.

#### The patient/family must give knowledge, whenever possible, that he/she comprehends a course of action and what is expected of him/her.

#### The patient, when capable, is to cooperate with the medical and nursing program devised for him/her.

#### The patient has the responsibility to participate in the treatment plan specific to their skilled needs, otherwise the program is required to discharge the patient after notification. For instance, if the only skilled need needs require therapy and the patient refuses to participate in the therapy, we are required to discharge the patient from the Medicare program.

#### The patient has the responsibility for following the hospital’s rules and regulations affecting patient conduct.

#### If treatment is refused, the patient has a responsibility for his/her actions when the physician's instructions are not followed.

#### The patient has a responsibility for being considerate of the rights of other patients and the hospital personnel for his/her behavior in the control of noise, smoking, and number of visitors.

#### The patient has responsibility for being respectful of the property of other persons and the hospital.

#### The patient/family has responsibility for assuring that the financial obligations for his/her health care are fulfilled as promptly as possible.

[Program Name]

AT

[Hospital]

LIST OF PATIENT SERVICES

## Skilled Nursing:

Our skilled nursing team works with you twenty-four (24) hours a day, seven (7) days a week. The nursing team will be your physician’s eyes through continued observation and assessments. They will help you with activities of daily living, administer medications and provide treatments, and provide education to help you manage your symptoms as well as help you to use skills learned while on the skilled program.

## Care Management/Social Services:

A Care Manager works on your behalf to determine your skill needs and ensure that you meet criteria for a skill medical and/or physical rehab program. She/he also interfaces with external payor sources such as Medicare Advantage or commercial to obtain pre-authorization and continued approval for the program. She/he completes a discharge planning assessment with the patient and family early on after admission and discusses your discharge planning needs with the physician. She/he facilitates the weekly interdisciplinary team meetings and communicates with you/family before and after each meeting to ensure your involvement and prepare for discharge.

The Care manager will work with you, your family and community agencies to help solve problems that you may encounter in your need for continued health care services post-discharge. This can include providing you with information, making referrals and arranging for continuing care. This individual will also be available to discuss your questions/concerns as an individual, a couple, or with families as needed during the program and after as needed.

## Rehabilitation:

Rehabilitation can reduce the impact of a broad range of health conditions, including diseases (acute or chronic), illnesses or injuries.

Rehabilitation is defined as “a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment”.

It can also complement other health interventions, such as medical and surgical interventions, helping to achieve the best outcome possible. For example, rehabilitation can help to reduce, manage, or prevent complications associated with many health conditions, such as spinal cord injury, stroke, or a fracture.

Rehabilitation helps to minimize or slow down the disabling effects of chronic health conditions, such as cardiovascular disease, cancer, and diabetes by equipping people with self-management strategies and the assistive products they require, or by addressing pain or other complications.

Rehabilitation is highly person-centered, meaning that the interventions and approach selected for each individual depends on their goals and preferences.

Physical Therapy:

The physical therapist(s) assess your movement abilities and evaluates your condition and potential. Based on this assessment, the Physical Therapist will design a treatment program to restore and maximize movement, flexibility, and function for mobility if it is identified that you have physical therapy skilled needs.

Occupational Therapy:

The occupational therapist(s) assists you in learning the skills/changes required for you to be independent, productive, and satisfied at home, or community. The Occupational Therapist will work with you to strengthen muscle groups and improve coordination. Activities learned focus on preventing, lessening, or overcoming disabilities associated with activities of daily living for self-care.

Speech Language Pathologist:

The speech language pathologist(s) works to improve your communication skills and helps you be as independent and effective as possible. This may involve assistance in helping you get your message across or listening to others; or to help you if you have difficulty with swallowing.

Respiratory Therapist:

The Respiratory Therapist uses diagnostic and/or therapeutic equipment/exercise to thoroughly assess and treat your ability to breathe if the physician so request. They may assist you additionally through the use of breathing treatments designed to increase breathing capacity, mobilize secretions, and increase air movement into and out of your lungs.

## Activities:

The program does not have a formal activity program due to the short length of stay and the amount of therapy and treatments on a daily basis the patient may participate in. We do have an activity cart if the patient has leisure needs which allows for 1:1 or independent activities. Feel free to ask your nurse for activities from the cart at any time.

Sample available activities may consist of books, magazines, cards, puzzle, music, dominoes, coloring, painting etc. based on the patient’s choice. If the patient voices the need for activity or if the team determines that the patient could benefit from activities due to isolation, limited visitors, or an extended length of time in the program, a plan for regular activities will be put into place.

[Add to or delete from the list of activities above]

## Dietary:

A dietician or designee will perform a nutrition and hydration assessment within one or 2 days of admission unless you were transferred to skill care from this hospital and no issues were identified. The nursing staff may also perform a comprehensive assessment which will trigger the need for a dietician when applicable. In this case, the dietician will complete an assessment based on the triggers, or a physician or nurse referral to assure that your nutritional needs are met. This may include provision of a specialized menu. She/he will participate in the interdisciplinary team meetings on a weekly basis to discuss your progress.

## Pharmacy:

Pharmaceutical services will be provided to you through the [hospital’s name] pharmacy. The pharmacist will review your individual drug regimen and will work with your physician and nursing staff to prevent drug and food interaction. He/She will communicate with the nursing staff and/or your physicians when potential issues are identified. He/She will also participate in the interdisciplinary team meetings to provide a comprehensive approach to your medical management.

## Lab and Radiology:

Lab tests and imaging requests from your physician will be provided to you from the [hospital name] Laboratory and Radiology Departments as needed.

## Pastoral Care / Chaplain Services:

[Place holder – write what it is at your place or remove.]

## Other:

[Other services such as Dental, Podiatry, Audiology, Dialysis, Psychology and Neuropsychology – remove if not available or add can be provided on an as needed basis by the [hospital name] or by local providers for issues that cannot wait until after the discharge.]

\*\* KNOW YOUR BENEFITS \*\*

HOW TO APPLY FOR MEDICARE BENEFITS

To apply for Medicare benefits:

To make appointment(s) with your local Social Security Office **AND** for problems or concerns regarding your Medicare coverage contact:

Health and Human Services

[address]

[phone]

HOW TO APPLY FOR MEDICAID BENEFITS

To apply for Medicaid benefits, contact the agency below:

Social Security Administration

[address]

[phone]

If you need or would like additional information about these or other advocacy groups, please see the Care Manager/Social Worker for the [program name].

**MEDICARE BENEFITS AND PAYMENTS**

### Services included in Medicare Part A payment are as follows:

#### Room and Board

#### Semi-private room

* Routine nursing services
* Dietary meal services
* Activity supply/program
* Social Services
* Maintenance and housekeeping
* Routine personal hygiene items

### Private rooms are covered if medically necessary and ordered by your physician or if that is the only type of room the unit has. [Remove this bullet if you only have private rooms.]

### Prescription medications, most supplies and appliances used during the program, etc.

### Ancillary services (physical, occupational therapy and speech language pathology as well as respiratory therapy).

### Oxygen therapy (including oxygen concentrator, oxygen tanks, tubing and supplies).

### Complex medical equipment such as specialty beds, wound vac, Continuous Passive Motion equipment etc.

### IV therapy (Hydration and Medication).

### Lab, x-ray, EKG.

Medicare pays 100% of all covered services for the first twenty (20) days in the benefit period\* ***as long as you meet the skilled care criteria for an inpatient skilled nursing unit***. \* Benefit period is 100 days per "spell of illness".

You are responsible to pay the co-pay amount of [insert current$] per day from the twenty-first (21) to one hundred (100) days ***but again only if you meet inpatient skill care criteria***. Most supplemental insurance pays all co-pay cost during the Medicare qualified stay.

Fees for your physician’s services are billed by his/her office or the hospital to Medicare Part B. If the payor is a private insurance, you may receive a separate statement from your own physician and from other physicians involved in your treatment, which you would be responsible to submit to your insurance.

Items and services that may be charged to you are (Note: nothing will be charged unless you are notified in advance and agree to):

* personal comfort items.
* private room at your request [remove if all private].
* cosmetic and grooming items.
* mailing supplies.
* copies of your medical records.
* personal clothing.
* privately hired nurse or aid.
* ambulance transportation for a physician visit.