

Medical Certification for Transportation Services Beyond 25 Miles

The member's medical provider must complete this form to verify the medical necessity of trip requests that exceed 25 miles, one way. IntelliRide will confirm the member does not have an established relationship with a closer medical provider and that there are no closer providers with the capacity to accept new patients. Please fax, email, mail or submit the completed form online.

Patient Information	<i>First Name</i>	<i>Last Name</i>	<i>DOB</i>	<i>Health First Colorado ID#</i>	
Medical Facility Information	<i>Facility Name</i>				
	<i>Facility Address</i>				
	<i>Medical Provider's Name & Title</i>				
	<i>Contact Name & Title</i>				
	<i>Contact Phone</i>	<i>Contact Email</i>			
Reason Patient cannot be seen by closer Medical Provider <i>(attach additional documentation, if necessary)</i>					
Medical Provider Attestation	<i>I understand that if I have given false information or intentionally failed to disclose information, I may be subject to prosecution, criminal, civil, or both. I certify under penalty of perjury, that I have obtained the information on the form from the patient or their representative, and the information provided is accurate to the best of my knowledge.</i>				
	<i>Printed Name of Facility Staff</i>		<i>Title</i>		
	<i>Signature of Facility Staff</i>		<i>Date</i>		
Term of Verification	<i>For an indefinite Term?</i> <input type="radio"/> Yes <input type="radio"/> No		<i>If no,</i>	<i>From:</i>	<i>To:</i>

Questions? Contact us at (720) 763-5238

AAA Nemt Ride LLC

Email: nemtride@gmail.com

<https://aaanemtride.com>