



COLORADO

Department of Health Care
Policy & Financing

Verification Form for Non-Emergent Medical Transportation (NEMT) Services more than 25 miles

Member Information

First Name: _____ Last Name: _____

Date of Birth: _____ Health First Colorado ID: _____

Medical Facility Information

Medical Facility Name: _____

Medical Facility Address: _____

Treating Provider Name and Title: _____

Contact Phone Number: _____

Health First Colorado Provider ID: _____

-OR-

Provider NPI: _____

Reason Member cannot be seen by a medical provider within 25 miles from Member's residence:

- ☐ Closest provider is not willing to accept the Member
- ☐ Member has complex medical conditions that prevent the closest medical provider from accepting the patient
- ☐ Member has moved within the three (3) months preceding an NEMT transport
- ☐ No other medical provider(s) within 25 miles of Member's residence

This form is valid for the identified Member for 90 days from the date of the initial visit to the treating provider.

Date of initial visit to treating provider: _____

Printed Name: _____ Date: _____

Company/Organization Represented: _____

(NEMT provider or treating provider may complete)

To be eligible for reimbursement, each NEMT transport must meet all applicable requirements of 10 C.C.R. 2505-10, Section 8.014, Non-Emergent Medical Transportation.

Visit the [Provider Help web page](#) if assistance is needed.