CITY OF
Grand Junction
COLORADO
FIRE

MEDICAID TRANSPORTATION* CONFIRMATION

***All Medicaid Transportation must be approved by County Department of Human Services**

PATIENT INFORMATION

Client/Patient Name ______________________ Medicaid ID Number ______________________

Address ______________________ Social Security Number ______________ Date __________

City ____________ State ______ Zip ______ Phone Number ______________________

TRANSPORTATION APPROVAL INFORMATION

Ambulance transportation has been approved by the Medicaid Transportation Clerk for the above-named client/patient for the dates/period of time indicated.

Date(s): ______________________ Provider ______________________

Transport From: ______________________

Transport To: ______________________

Medicaid Transportation Clerk (970) 248-2848 ______________________ Date ______________________

MEDICAL CERTIFICATION

Date of Medical Evaluation ______________________

By signing below, I hereby certify that transportation by ambulance was medically necessary.

Signature of Staff (Physician, PA, RN) ______________________ Date ______________________

DESCRIPTION OF TRANSPORTATION SERVICES PROVIDED

- ☐ ALS Transport (must be medically necessary)
- ☐ BLS Transport (must be medically necessary)
- ☐ Oxygen Administration

Mileage ______________________

County Medicaid Fax Number:
(970) XXX-XXXX

330 S 6th Street
Grand Junction, CO 81501
Becky Ottman, Administrative Assistant

Office: (970) 244-1467
Fax: (970) 244-1471
Non-Emergent Ambulance Dispatch: (970) 242-HELP (4357)