Print Form

CITY OF Grand Junction COLORADO

FIRE

Medicaid Transportation Confirmation

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

PATIENT INFORMATION

Name _____ Incident#

Address _____ Drop-down List

City _____ State AL Zip Code _____ Phone Number _____

Social Security # _____ Medicaid ID # _____

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 of Transport: _____ Provider: **Grand Junction Fire Department**

Transport From: _____

Transport To: _____

_____ _____

Medicaid Transportation Clerk (970) 248-2848 Date

MEDICAL CERTIFICATION

_____ See Attached Physician's Certification Statement

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

Miles _____

County Medicaid Fax Number:

625 Ute Avenue
Grand Junction, CO 81501

Emergent Ambulance Dispatch: (979) 242-HELP (4357)
Ambulance Billing Office: (970) 549-5830
Fax: (970) 549-5840