PEAK ELITE
NON-EMERGENCY MEDICAL RIDE
Veterans Owned, Reliable and Timely

Ph: (719) 233-0707 Email: info@peakelitemedride.com

Medical Certification of Transportation Services: Beyond 25 Miles

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The patient's medical provider completes this form which will be used to verify that any trip requested over 25 miles has been confirmed as needed by the member's medical provider. There are no closer providers to this member that can provide needed service are the reasons for submittal. This information can be emailed or mailed to Peak Elite Medride.

Patient Name_____ Patient Date of Birth:_____

Patient Health First Colorado ID:_____

Referring Provider Information:

Medical Provider's Name:_____ Facility Name:_____

Facility Contact Person:_____ Phone: _____ Fax:_____

Facility Address:_____ Suite:_____ Specialty:_____

City:_____ State:_____ Zip:_____

Medical Facility Information (where the patient going to):

Medical Provider's Name:_____ Facility Name:_____

Facility Contact Person:_____ Phone: _____ Fax:_____

Facility Address:_____ Suite:_____ Specialty:_____

City:_____ State:_____ Zip:_____

Explain why patient cannot be seen by or transported to a provider closer to the patient's home:

Agreement and signature:

I hereby certify that the information contained herein is true and accurate.

Name of Licensed Medical Provider:_____ Title:_____

Signature of medical facility staff: _____ Date:_____