transdev
the mobility company

Transportation Reservation Form

Reserve your transportation at least 48 business hours before your scheduled appointment.

Member Information	First Name	Last Name	Date of Birth	Health First Colorado ID #
	Phone Number	Email		
Pickup Information	Street Address			
	City / State / Zip Code			
	Pickup Notes (i.e. Gate Code, "Go to side", etc.)			
	Contact Phone	Will you be accompanied by an escort or personal care attendant?		
Dropoff Information	Facility Name			
	Facility Address (Street / City / State / Zip Code)			
	Medical Provider's Name			
	Time of Appointment	Date of Appointment	Time Driver should return:	
	Do you have access to a working vehicle?* ◯ Yes ◯ No	Name of Preferred Transportation Provider**		
Reason for Visit (Be Specific)				
Agreement & Signature	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.			
	Printed Name	Relation to Member		
	Signature	Date		

For Transdev Use	Reservation Status	Staff Initials	Received	Entered
	◯ Approved ◯ Denied			

***If yes, you may qualify for mileage reimbursement**

**** Assignment of trips to a preferred transportation provider is not guaranteed**

Please send completed form to: Fax (720) 302.0106 | Email: us.coclinicalcoordinator@transdev.com

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