



COLORADO
Department of Health Care
Policy & Financing



Health First
COLORADO
Colorado's Medicaid Program

Scheduled Date: ___/___/____
Scheduled Time: ___:___ AM PM

Trip Report Addendum

Member's Name:

Member Medicaid ID #:

Provider Name:

Medicaid Provider ID#:

Driver's Name:

Vehicle Plate #/VIN#:

Trip Information:

| | | | | |
|---|-------------------------|------|-------|----------|
| 1. Actual Pick-up Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Pick-up Street Address | City | State | Zip Code |
| Actual Drop-off Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Drop-off Street Address | City | State | Zip Code |

Pick-up Odometer

Drop-off Odometer

Mileage

| | | | | |
|---|-------------------------|------|-------|----------|
| 2. Actual Pick-up Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Pick-up Street Address | City | State | Zip Code |
| Actual Drop-off Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Drop-off Street Address | City | State | Zip Code |

Pick-up Odometer

Drop-off Odometer

Mileage

| | | | | |
|---|-------------------------|------|-------|----------|
| 3. Actual Pick-up Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Pick-up Street Address | City | State | Zip Code |
| Actual Drop-off Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Drop-off Street Address | City | State | Zip Code |

Pick-up Odometer

Drop-off Odometer

Mileage

Reasons for documentation discrepancies

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.

Treatment Location/Medical Facility:

Representative Name:

Representative Title:

Signature:

Date:

For questions or if you need assistance please visit hcpf.colorado.gov/provider-help