transdev
the mobility company

Travel Reimbursement Verification Form (Single Trip)

Please complete this form and return it to Transdev for reimbursement of your travel within 10 business days of your medical appointment. To qualify for reimbursement, your trip must be scheduled with Transdev, assigned to travel reimbursement, and your medical provider must verify your attendance at your pre-scheduled healthcare appointment.

Patient Information	First Name	Last Name	DOB	Health First Colorado ID #	
Trip Information	Date of Trip	Appointment Time	Trip Confirmation # (from IntelliRide)		
Medical Facility Information	Facility Name				
	Facility Address, City, State & Zip				
	Medical Provider's Name & Title				
	Contact Name & Title				
	Contact Phone	Contact Email			
Medical Provider Attestation	**With my signature, I hereby acknowledge that the above named Health First Colorado patient was seen in our office on the date and at the time identified above.** 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 of Facility Staff		Title		
	Signature of Facility Staff		Date		
Driver Information	Driver's Name		Driver's Phone		
	Driver's Mailing Address		City	State	Zip

IntelliRide Use Only		
Trip Confirmation #(s):	Number of Trip Legs	Total Miles
Total Miles	Approval Status / Agent Initials	Date

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