



**Mileage Reimbursement Verification Form**  
**RECURRING APPOINTMENTS**

Please complete this form and return it to Envida for reimbursement of mileage. To qualify for reimbursement, your subscription must be scheduled with Envida, assigned to mileage reimbursement, and your medical provider must sign to verify your attendance.

<b>Patient Information</b>	First Name	Last Name	DOB	Health First Colorado #
	Patient Address (City, State, Zip)			
<b>Medical Facility Information</b>	Facility Name / Provider Name			
	Facility Address, City, State & Zip			
	Facility Phone			
	This ride is for: <input type="checkbox"/> Physical Health <input type="checkbox"/> Behavioral Health			

**Attendance Verification**

With my signature, I hereby acknowledge that the above-named Health First Colorado patient was seen in our office on the dates and times listed below. I certify under penalty of perjury, that the information provided is accurate to the best of my knowledge. I understand that if I have given false information or intentionally failed to disclose information, I may be subject to persecution, criminal, civil, or both.

Date and Time	Printed name of Facility Staff	Signature of Facility Staff
Date and Time	Printed Name of Facility Staff	Signature of Facility Staff
Date and Time	Printed Name of Facility Staff	Signature of Facility Staff
Date and Time	Printed Name of Facility Staff	Signature of Facility Staff
Date and Time	Printed Name of Facility Staff	Signature of Facility Staff
Date and Time	Printed Name of Facility Staff	Signature of Facility Staff

<b>Driver Information</b>	Driver's Name	Driver's Phone		
	Driver's Mailing Address	City	State	Zip

<b>Envida Use Only</b>	Total Reimbursable Miles: _____
	Total Reimbursement: \$ _____
	Date of Reimbursement: _____



## **Non-Emergency Medical transportation (NEMT) Mileage Reimbursement Services**

### **What is NEMT?**

Non-emergency medical transportation (NEMT) is transportation to and from medically necessary services for members who have no other means of transportation. The transportation is a free service for those who are covered by Health First Colorado (Medicaid program). NEMT services can be accessed ONLY for rides to registered Medicaid providers for medical, behavioral health, and substance use appointments.

### **Who is eligible for NEMT services?**

Health First Colorado (Medicaid) clients who are registered with the state of Colorado.

### **What is mileage reimbursement?**

The mileage reimbursement policy pays a friend, family member or volunteer to drive you to your medical, behavioral health, or substance use appointment. Envida will reimburse the mileage between your home and your doctor or facility's office (based on the shortest distance determined by Google maps) at a rate of 44¢ per mile.

### **How to schedule a trip eligible for Reimbursement**

1. **Call envida to schedule a trip 719-633-4677**
2. Member's Full Name, Home Address, Date of Birth, Telephone, and Medicaid ID Number
3. The Name of the Driver and the Relationship of the Driver to Member
4. The Driver's Mailing Address and Telephone Number
5. The Trip Date(s)
6. The Medical Provider's Name, Address, Telephone and Fax Number.

### **Reimbursement Forms**

1. Obtain the reimbursement form from envida (email, mail or print off of the website)
2. Take the form to your medical provider to validate and complete the information, or you can fill it out and have them sign.
3. **Return your form** to envida for reimbursement:  
Envida  
5660 N Academy Blvd.  
Colorado Springs, Co 80918
4. Form must be returned to Envida **NO LATER** than five calendar days after the end of the month
5. Envida will mail you a check within 15 days of receipt.