



**Non-Emergency Medical Transportation (NEMT)  
Mileage Reimbursement Services  
Family & Friends Program (PARK COUNTY ONLY)**

**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 benefit 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.

**Reimbursement Forms**

1. Obtain the reimbursement form from envida or your Park County medical provider (you can either ask your provider for a form or print the form from envida's website under the **transportation tab**.)
2. Fill out the form as instructed below and have your medical provider verify your attendance.
3. Email form to [sfalconer@envidacares.org](mailto:sfalconer@envidacares.org) for reimbursement.
4. You can also mail your form to:  
**envida**  
**5660 N Academy Blvd.**  
**Colorado Springs, CO 80918**
5. envida will mail you a check within 15 days of receipt.

**How to fill out the reimbursement form.**

1. Fill out the "Patient Information" section.
2. Fill out the "Medical Facility Information" section and select the reason for the ride.
3. Record the date and time of your medical appointment and have the medical provider print and sign their name to verify your attendance.
4. Fill out the "Driver Information" section.

**\*Note: It is important to fill out each section completely to ensure timely mileage reimbursement.**



**Mileage Reimbursement Verification Form  
(PARK COUNTY ONLY)**

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			NPI #
	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: _____
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