Las Animas County / Huerfano County
Medical Certificate of Transportation Services

To be valid, the Attending Physician, Physician's Assistant, Nurse Practitioner, Therapist or other licensed healthcare professional must complete and sign the certification. The least costly most appropriate means of travel must be utilized.

Patient Name *
First _____ **Last** _____
Patients Date of Birth * _____ **Patient Medicaid Number: *** _____

___ Unable to travel alone, needs service attendant ___ Bariatric patient - Weight __Height __
___ Requires Oxygen that is self - administered ___ Pediatric Patient
___ Traveling with an ADA service animal

Please Check all medical conditions below that may apply to this patient:

☐ **Mileage Reimbursement**	☐ **Privately contracted vehicle**
Does the patient own a Vehicle or have a friend, family member, or volunteer who is willing to drive them to and from their medical appointments?	Does patient not own a Vehicle or have a friend, family member, or volunteer who is willing to take them to appointments? Is the patient able to get into and out of the regular sedan style vehicle?

☐ **Non-Emergency Ambulance Service**
This service cannot be selected solely for lifting needs without having any additional medical necessity present. Please check all that apply
☐ Potentially combative-dementia of behavioral
☐ IV fluid administration and monitoring
☐ Cardiac or other specialization monitoring
☐ Medication administration en-route
☐ Advanced airway management including suctioning or vents
☐ Oxygen administration by medical personnel
☐ Medical supervision during transport

I affirm that the above statements are true and accurate to the best of my knowledge and federal funds will be used for the service I am requesting on behalf of my patient and the most medically appropriate service is being requested.

Name of Licensed Medical Provider _____
Email Address of Provider_____
Signature Of Medical Provider _____
Phone Number of Provider_____
Expiration Date _____ **Expiry Date Indefinite** ☐

Mailing Address: Golden Gate Manor Transportation
648 S Union Ave, Pueblo CO 81004
Physcial Address: Golden Gate Manor Transportation
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goldengatemanor1@aol.com