GGM INC. TRANSPORATION

Las Animas County / Huerfano County
Medical Certificate of Transportation Service Beyond 25 Miles

This form must be completed by a medical provider for accurate processing of this request.

Patient Name _____ Date of Birth _____
Patient Address_____
Patient Medicaid ID number _____

Medical Facility Information:

Medical Providers Name : _____ Facility Name _____

Facility Contact Person : _____Phone:_____ Fax:_____

Facility Address : _____ Specialty : _____

City : _____ State : _____ Zip : _____

Explain why patient cannot be seen by provider closer to the patients home :

Agreement and Signature:
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 penalty of perjury, that I have obtained the information on the form from the patient of their representative, and the information provided is accurate to the best of my knowledge.

Medical Provider Name : _____ Title: _____

Medical Provider Signature : _____ Date : _____

Expiration Date : _____ Expiry Date Indefinite ☐

Mailing Address: Golden Gate Manor Transportation
648 S Union Ave, Pueblo CO 81004
Physcial Address: Golden Gate Manor Transportation
648 S Union Ave, Pueblo Co 81004
ph : 719-544-3231 fax: 719-544-4187
goldengatemanor1@aol.com