



9708 E Colorado Ave, Bldg #1 Apt 302, Denver, CO 80247  
1755 Telstar Dr, Suite 300, Colorado Springs, CO 80920

## Medical Certification of Transportation Services: Beyond 25 Miles

The patient's healthcare provider is required to complete this form, verifying that travel beyond 25 miles is essential because there are no closer providers to this patient who can provide needed service. All fields must be completed, signed, and dated to determine eligibility.

Please send your completed form to Utopia Transportation LLC by mail or email.

Patient Information		
Patient Name: _____ Patient Date of Birth: _____		
Patient Health First Colorado ID: _____		
Medical Facility Information		
Medical Provider's Name: _____ Facility Name: _____		
Facility Contact Person: _____ Phone: _____ Fax: _____		
Facility Address: _____ Suite: _____ Specialty: _____		
City: _____ State: _____ Zip: _____		
Explain why patient cannot be seen by a provider closer to the patient's home:		
<b>Agreement and signature:</b> I hereby certify that the information contained herein is true and accurate.		
Name of Licensed Medical Provider: _____ Title: _____		
Signature of medical facility staff: _____ Date: _____		

**Utopia Transportation LLC**

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