nh healthy families

CTS Est. 1997
CONNECTING PEOPLE WITH CARE

REQUEST FOR REIMBURSEMENT OF MEDICAL TRANSPORTATION

Reimbursement will only be considered if you call CTS **2 business days before** your non-urgent medical appointment and are pre-approved to participate in the Medical Transportation Reimbursement Program. Reimbursement will not be provided if approval was not received before your appointment. Medical appointments must be covered by Medicaid.

Call CTS at 1-877-671-6291

MEMBER AND TRIP INFORMATION:

Member's NH Medicaid ID #:_____ **Date:**_____

Member's Name: _____

Member's Street Address: _____

City: _____ **State:** _____ **Zip:** _____

If travel by car: Transporter's driver's license #: _____ **Expiration date:** _____

Tolls: Amount Paid: $_____ **Parking: Amount Paid: $** _____ (**Provide receipt(s) showing amount paid**)

If travel by public transportation: Bus _____ **Train** _____ **(Provide receipt(s) showing amount paid)**

Member's Signature: _____

I certify that the information on this form is true, accurate and complete. I understand that payment of this claim may be from Federal and State funds and that any false claims, statements, documents or concealment may be prosecuted under applicable Federal and State Laws. I agree to accept CTS' transportation payment as payment in full.

Your doctor or medical provider must complete and sign the form below:

TO BE COMPLETED BY YOUR PHYSICIAN / MEDICAID PROVIDER ONLY - PLEASE PRINT:

_____

Physician / Medical Provider / Clinic Name / Pharmacy Name

_____

Street Address **City** **State** **Zip Code**

Dates of Covered Medical Services

_____
_____
_____
_____
_____
_____
_____

I attest that the member named above visited my office/clinic/ pharmacy for non-emergent medical appointment(s) on the date(s) as noted.

By:_____ / _____
Physician/Medicaid Provider Signature / Date

_____
National Provider Identifier (N.P.I.)

The reimbursement rate is $0.41 per mile. Only one claim may be submitted per trip, even if there is more than one passenger (He-W 574.06(e)). Forms must be sent **within 30 calendar days** from the date of your last appointment.

Send form to: **Coordinated Transportation Solutions, 35 Nutmeg Drive, Suite 120, Trumbull, CT 06611** (mail), **provider@ctstransit.com** (e-mail), or **1-203-375-0516** (fax). For payment questions call 1-877-671-6291.