



Reimbursement Form for Transportation for Health Related Appointments

Call New Hampshire Healthy Families to get your cost covered when you drive to your health related appointments. Please call 2 business days before. However, you can call the same day for urgent or short notice appointments. CTS is the company that will approve your request.

CTS will not pay you for trips to non-health related appointments or for trips not scheduled before the appointment. CTS will get prior approval from New Hampshire Healthy Families for one way trips that are 100 miles or longer.

Ask your doctor or medical provider to complete this form. You must send in your form by the last day of each month:

Coordinated Transportation Solutions, Inc.

35 Nutmeg Drive Suite 120

Trumbull, CT 06611-5431

Phone: 1 (866) 769-3085

Fax: 1 (203) 375-0516

Email: provider@ctstransit.com.

For questions regarding payment please call 1 (866) 769-3085.

Member's NH Medicaid ID # _____ Date: _____

Member's Name: _____

Member's Address: _____

City: _____ State: _____ Zip Code: _____

Member's Signature: _____

Coordinated Transportation Solutions, Inc. (CTS) will review and approve your request. CTS will verify that the appointment was kept. You must send in your form by the last day of each month. CTS will pay you after the last day of the month. Any requests received after that date will be processed in the following month.

If you had to pay a toll, parking, or public transportation, please send a copy or the original receipt of your transactions with this form.

Your reimbursement rate is \$0.41 per mile.

TO BE COMPLETED BY YOUR MEDICAL PROVIDER ONLY-PLEASE PRINT

Physician/Medical Provider/Clinic Name

Street Address _____ City _____ State _____ Zip Code _____

Patient Traveled by: Car [] Bus [] Rail []

CTS USE ONLY \$ _____ **ISSUED**

Dates of Medical Service

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

By: _____
Physician's Signature/Medical Provider

_____ NPI

_____ Date