

MEDRIDE LLC.

DECLARATION: I do not have any means of transportation that is of no cost to the state of Colorado. Without reimbursement from the State, I would not be able to attend medically necessary appointments. I understand the trip must be the most direct route to and from the appointment with the closest qualified provider.

I authorize release of medical information necessary to process this request.

Name: _____ DOB: _____

Address: _____

Medicaid ID: _____

Signature: _____ Date: _____

This form must be signed by applicant/parent or guardian and returned to MedRide Transportation.

Mailing Address: MedRide LLC
635 W Corona Ave Suite #213 Pueblo Co, 81004
Phone: (719) 545-3333 **Fax:** (719) 545-0499
Medridetransporation@gmail.com