



Ceecil Quality Care Transportation LLC  
 2720 E Yampa St, Suite 2A, Colorado Springs, CO 80909  
 Monday – Saturday | 04:00 AM – 10:00 PM  
 Phone: (720) 669-0696 | Fax: (720) 615-8666  
 Email: cs@ceecil.com | Website: www.ceecil.com

**Medical Certification for NEMT Transportation Services Beyond 25 Miles**

Dear Medical Professional,

We have received a request for non-emergency medical transportation (NEMT) for one of your patients that exceeds 25 miles one way. **Fax it back to us: 720-615-8666**

**Patient and Health Information:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_.

MEDICAID ID#: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_.

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_.

If the trip request exceeds 25 miles one way, **could you verify the medical necessity of the trip and provide any supporting information, as needed?** \_\_\_\_\_.

\_\_\_\_\_  
 \_\_\_\_\_.

**What are the complex medical conditions restricting the closest medical provider from the patient's home from accepting the patient?** Must provide ICD-10 code: \_\_\_\_\_.

\_\_\_\_\_.

If the patient has established treatment with you and moved within three months from now, **could you provide the established treatment date?** \_\_\_\_\_.

**Patient Previous Address:** \_\_\_\_\_.

**Additional Comments:** \_\_\_\_\_.

**Medical Professional Information:**

Medical Professional Printed Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_.

Name/Credential of Professional: \_\_\_\_\_ NPI: \_\_\_\_\_.

Medical Facility Name: \_\_\_\_\_.

Medical Facility Address: \_\_\_\_\_.

Certification expiration date: \_\_\_\_\_ OR Expiry Date "INDEFINITE" \_\_\_\_\_.

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

**Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_.