COLORADO
Department of Health Care Policy & Financing

Health First Colorado Non-Emergency Medical Transportation (NEMT) Consent and Liability Release for Minors

Pursuant to NEMT regulations, minors 13 to 17 years of age require an escort to travel without a parent or guardian, unless a parent or guardian signs a written release. 10 C.C.R. 2505-10; § 8.014.5.D.1. Children 12 years of age or younger are not permitted to travel without an escort. Mail, email, or fax this completed form to your NEMT provider.

Minor's Name: _____ Date of Birth: _____

Medicaid ID # _____

Date of Transport_____ Transport Destination_____

Name of Transportation Provider: _____

I, _____ (name), hereby affirm and attest that I am the parent/legal guardian of the named minor. This minor is eligible to receive Non-Emergency Medical Transportation (NEMT) services from a Health First Colorado NEMT provider.

I hereby authorize the above transportation provider named on this form to transport this minor to and from a Health First Colorado covered treatment appointment without an adult escort on the date indicated above in compliance with 10 C.C.R. 2505-10, § 8.014. As required at 10 C.C.R. 2505-10, § 8.014.5.D.1.A.i.1.c, an adult will be present to accept the minor at the destination and upon return to the minor's residence.

By authorizing the provider named on this form to transport the minor, I hereby release and indemnify the provider, its employees, officers, agents, parent company and affiliates and contracted transportation providers and their employees, officers, agents, parent companies and affiliates of any and all liability, causes of action, or claims of any nature whatsoever arising from or in connection with the transportation provided.

Guardian's Printed Name _____

Relationship to Minor _____

Guardian's Signature _____ Date: _____

Contact Phone#: _____

If you have questions, please call your NEMT provider.

For NEMT Provider use only

Date Received _____ Date Entered _____

NEMT providers must keep a copy of this form for their records and submit this form with the appropriate claim for payment.

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