



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.

Phone: 1 (866) 769-3085

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	Fax: 1 (203) 375-0516 Email: provider@ctstransit.com.					
For questions regarding payment please ca	ll 1 (866) 76	59-3085.				
Member's NH Medicaid ID #		Date:				
Member's Name:				_		
Member's Address:						
City:		State:	Zip Cod	le:		
Member's Signature:						
Coordinated Transportation Solutions, Inc. (CTS) will review must send in your form by the last day of each month. CTS will be processed in the following month.						
If you had to pay a toll, parking, or public transportationm.	tion, please	send a copy or t	he original receipt of	your transactions v	vith this	
Your reimbursement rate is \$0.41 per mile.						
TO BE COMPLETED BY YO	UR MEDIC	AL PROVIDER	ONLY-PLEASE PRI	INT		
Physician/Medical Provider/Clinic Name						
Street Address	City		State	Zip Code		
Patient Traveled by: Car [] Bus []	Rail []	CTS USE ON	LY\$	ISSUED		
Dates of Medical Service			the patient named about			
		Ву:	By: Physician's Signature/Medical Provider			
		_	NPI			
			Date			