

TransittoCare

Schedule a Ride: (719) 644-6005

Schedule a Ride Form

Please fill this form and fax it to (719) 888-2929 or email it to transit2care@gmail.com.

Name: (First & Last): _____ Phone: _____

_____ **Home /Pick-up Address** _____

Street Address: _____ City _____

Zip Code: _____ DOB: _____ Medicaid ID: _____

_____ **Destination Address** _____

Street Address: _____ City _____

Zip Code: _____

Appointment Date: ____/____/20____ Appointment Time: ____:____ am / pm

Do you need special care? (Please specify): _____

For Office Use Only: Verification Process

Guarantee Number: _____ Verified by: _____

Note: Keep copy of the eligibility verification printout on member's file.