



Colorado Mileage Reimbursement Verification Form - Standing Order

This form can be used for up to 2 weeks of mileage reimbursement. These trips must have been scheduled in advance by your medical provider. Please complete it and return it to Veyo (using the fax number or address below) within 14 days of the last medical appointment listed.

Patient Name _____ Health First Colorado ID # _____

Name of Medical Provider _____

Title _____ Contact Phone _____

Medical facility Address _____

City _____ State _____ Zip _____

Verification by the Medical Provider is required for each trip and those signatures acknowledge that the above named Health First Colorado patient was seen in our office on the date and at the time identified:

Week 1 - Sun	Date	Time	Medical Office Verification/Signature	Veyo Audit		
				Round trip	Total Mileage	Verification
Sun						
Mon						
Tues						
Wed						
Thur						
Fri						
Sat						
Week 2 – Sun						
Mon						
Tues						
Wed						
Thur						
Fri						
Sat						
Veyo Confirmation Number				Total Miles		Number of unique trips/legs:
Date		Approval Signature		Total Payment		

Driver Information

Driver's Name _____ Contact Phone Number _____

Mailing Address _____ City _____ State _CO_ Zip _____

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