8383 Greenway Blvd
Suite 400
Middleton, WI 53562

veyo

To: (name of NTS facility here)

From: Clinical Coordinator Department, Veyo

Fax:

Pages including cover letter:

Phone:

Date:

CC:

Re: Authorization to Release Confidential Information and Narcotic Treatment Services Appointment Verification

Veyo provides non-emergency medical transportation (NEMT) to Wisconsin Medicaid and BadgerCare Plus members. Veyo may provide transportation to some of the patients at your facility. When we provide NEMT for Wisconsin Medicaid or BadgerCare Plus members, we are contractually bound to verify that the member attended or is scheduled to attend an appointment. We also need to confirm the service is covered by Wisconsin Medicaid or BadgerCare Plus. Therefore, to provide transportation for any of your patients, we need to verify that a Medicaid-covered service is being provided.

Please complete the following:

1. Have the patient named on the Appointment Verification Form sign the Authorization to Release Confidential Information form.
2. Verify all scheduled appointments.
3. Return the Appointment Verification Form and Authorization to Release Confidential Information Form to Veyo at fax number 888-506-7708, Attn: Clinical Coordinator Department.

Please call Veyo at 866-907-1493 or 711 (TTY), Monday – Friday, from 7 a.m. to 6 p.m. CT, if you need further information.

Sincerely,

Clinical Coordinator Department
Veyo

This communication contains information that is confidential and is solely for the use of the intended recipient. It may contain information that is privileged and exempt from disclosure under applicable law. If you are not the intended recipient of this communication, please be advised that any disclosure, copying, distribution or unauthorized use of this communication is strictly prohibited. Please also notify Veyo at 866-907-1493 and return the communication to the originating address.

Narcotic Treatment Services Appointment Verification Form

Member Name:
ForwardHealth ID:
Date of Birth (MM/DD/YYYY):
Narcotic Treatment Services Facility:
Facility Address:
Have the appointment(s) been scheduled for the member? If yes, enter the appointment date(s) and time(s) below. ☐ Yes, appointment(s) have been scheduled. ☐ No, no appointment(s) have been scheduled.
Appointment Date(s):
Appointment Time(s):

I verify that the patient named above received, or is scheduled to receive, Wisconsin Medicaid or BadgerCare Plus-covered services on the date(s) and time(s) specified.

____

Name/Title Date

Remarks:

____

____

____

Please return by mail or fax to:

Mail:

Veyo
ATTN: Clinical Coordinator
8383 Greenway Blvd, Ste 400
Middleton, WI 53562

Fax: 888-506-7708