



### MEDICAID TRANSPORTATION PROVIDER PROFILE

PROVIDER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

TELEPHONE NUMBER(S): LOCAL/SCHEDULING \_\_\_\_\_ FAX \_\_\_\_\_

TOLL-FREE \_\_\_\_\_ CELLULAR \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

DAYS/HOURS AVAILABLE \_\_\_\_\_

BILINGUAL SERVICES  YES (PLEASE SPECIFY) \_\_\_\_\_  NO

CONTACT NAME \_\_\_\_\_ CONTACT TITLE \_\_\_\_\_

**1.) ACCESSIBILITY (PLEASE MARK ALL THAT APPLY)**

AMBULATORY:  YES  NO

NON-AMBULATORY:  YES  NO

WHEELCHAIR  STRETCHER  LIFT-RAMP  CAR SEAT AVAILABLE

OTHER (PLEASE SPECIFY) \_\_\_\_\_

**2.) TYPE OF MEDICAID, ACCEPTS:  ALL MEDICAIDS ACCEPTED**

TRADITIONAL MEDICAID  MEDWORK  HIP STATE PLAN

CARE SELECT  IN-NETWORK (ANTHEM, MHS, MDWISE)  MEDICAID PENDING

**3.) COUNTIES THAT YOU PICK UP RIDERS FROM?**

\*LONG DISTANCE  YES  NO

\*IN YOUR CITY  YES  NO

\*SPECIFIC COUNTIES (LIST ALL) \_\_\_\_\_

\*IN YOUR COUNTY (PLEASE SPECIFY BOUNDARIES)

NORTH \_\_\_\_\_  EAST \_\_\_\_\_

WEST \_\_\_\_\_  SOUTH \_\_\_\_\_

\*FROM SURROUNDING COUNTIES (PLEASE SEE MAP)

**4.) COUNTIES YOU TRANSPORT RIDERS TO:**

\*WITHIN YOUR CITY  YES  NO

\*WITHIN YOUR COUNTY \_\_\_\_\_

\*TO SURROUNDING COUNTIES (PLEASE SEE MAP)

\*LONG DISTANCE (PLEASE INCLUDE MILEAGE RANGE)  YES  NO RANGE \_\_\_\_\_



- 5.) TRANSPORTATION SERVICE  ONE-WAY  ROUND-TRIP
- 6.) WHO ELSE CAN RIDE?  
 RELATIVE  CAREGIVER  CHILDREN (w/CLIENT)  
 SERVICE ANIMALS (w/ADVANCE NOTICE)  YES  NO
- 7.) PURPOSE OF TRANSPORTATION  
 MEDICAL PURPOSE (MEDICAID CLIENTS)  EMERGENCY  DENTAL  
 PHARMACY  OTHER (PLEASE SPECIFY) \_\_\_\_\_
- 8.) HOW MUCH ADVANCE NOTICE TO SCHEDULE:  
**APPOINTMENT?** \_\_\_\_\_ **CANCELLATION?** \_\_\_\_\_
- 9.) HOW WILL THE DRIVER ALERT THE CUSTOMER OF THEIR ARRIVAL?  
\_\_\_\_\_  
A.) WHERE SHOULD THE CUSTOMER WAIT? \_\_\_\_\_  
B.) HOW LONG WILL THE DRIVER WAIT? \_\_\_\_\_  
C.) IS THE DRIVER PERMITTED TO ASSIST THE CUSTOMER IN/OUT OF THE VEHICLE?  YES  
 NO
- 10.) HOW ARE RESERVATIONS TRACKED?  ELECTRONICALLY  APPOINTMENT BOOK  
 OTHER (PLEASE SPECIFY) \_\_\_\_\_
- 11.) SIZE OF FLEET \_\_\_\_\_ MARKED WITH COMPANY LOGO? \_\_\_\_\_  
TYPES OF VEHICLES \_\_\_\_\_

PLEASE BE ADVISED THAT WE MAY CONTACT YOU FOR FURTHER INFORMATION

**FOR OFFICE USE ONLY**

RDS \_\_\_\_\_ DATE \_\_\_\_\_