

## PROVIDER TYPE PROFILE

PROVIDER TYPE	28	NON-EMERGENCY TRANSPORTATION PROVIDERS
REIMBURSEMENT TYPE	02	FEE FOR SERVICE EFFECTIVE 10-01-82

CATEGORIES OF SERVICE		LICENSE/CERTIFICATION
MANDATORY	31	NON-EMERGENCY TRANSPORTATION
		PROOF OF VEHICLE INSURANCE  COPY OF ONLINE TRAINING CERTIFICATE  COPY OF REGISTRATION FOR EACH VEHICLE REQUIRED  COMPANY'S NAME AND LOGO MUST BE ON ALL VEHICLES  COPY OF CPR AND FIRST AID CARD FOR EACH DRIVER  COMPLETED DRIVER INFORMATION PROFILE  HIPPA TRAINING ANNUALLY, PROOF WILL BE VERIFIED ON SITE VISIT  SERVICES PROVIDED ON RESERVATION MUST SUBMIT COPY OF TRIBAL BUSINESS LICENSE  <u>TAXI COMPANIES MUST SUBMIT A COPY OF THEIR LICENSE FROM THE DEPARTMENT OF WEIGHTS AND MEASURES.</u>
MANDATORY		
MANDATORY		
OPTIONAL		
OPTIONAL		

As the Owner/Provider you are responsible for maintaining and providing upon request a valid Arizona drivers license for each driver and proof of insurance, CPR and First Aid cards, & HIPPA training documents. As part of the registration process the Owner/Provider is required to disclose each employee's name, employment begin date, employment end date (if applicable), and date of birth information using the 2<sup>nd</sup> page of this form. Any changes to the above must be reported within 30 days. By signing below you are indicating that this information will be kept on file and made available upon request.

Company Name \_\_\_\_\_ ID Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SPECIAL INSTRUCTIONS: ALL NON-EMERGENCY TRANSPORTATION SERVICES GREATER THAN 100 MILES REQUIRE PRIOR AUTHORIZATION. FOR PRIOR AUTHORIZATION OF FFS CLAIMS, CALL 1-800-433-0425.**

## NON EMERGENCY DRIVER INFORMATION

PROVIDER TYPE	28	NON-EMERGENCY TRANSPORTATION *(Page 2 of 2) <b>COMPANIES ONLY</b>
REIMBURSEMENT TYPE	02	FEE FOR SERVICE EFFECTIVE 04/01/2014

### List of Employees

(ALL FIELDS ARE MANDATORY)

SSN is optional

Last Name:	First Name, Middle Initial:	SSN (optional):
Employment Begin Date:	Employment End Date:	Date of Birth: (MM/DD/YYYY)
Last Name:	First Name, Middle Initial:	SSN (optional):
Employment Begin Date:	Employment End Date:	Date of Birth: (MM/DD/YYYY)
Last Name:	First Name, Middle Initial:	SSN (optional):
Employment Begin Date:	Employment End Date:	Date of Birth: (MM/DD/YYYY)
Last Name:	First Name, Middle Initial:	SSN (optional):
Employment Begin Date:	Employment End Date:	Date of Birth: (MM/DD/YYYY)
Last Name:	First Name, Middle Initial:	SSN (optional):
Employment Begin Date:	Employment End Date:	Date of Birth: (MM/DD/YYYY)

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