

PROVIDER TYPE PROFILE

PROVIDER TYPE	NT	TRANSPORTATION NETWORK COMPANY
REIMBURSEMENT TYPE	04	ENCOUNTERS ONLY EFFECTIVE 05-01-2019
CATEGORIES OF SERVICE		LICENSE/CERTIFICATION
MANDATORY	31	<p style="text-align: center;">NON-EMERGENCY TRANSPORTATION</p> <p style="text-align: center;">PERMIT ISSUED BY THE ARIZONA DEPARTMENT OF TRANSPORTATION (SEE A.R.S. §28-9551; §28-101)</p> <p>REQUIRED AT REGISTRATION:</p> <ul style="list-style-type: none"> • SIGN/DATED PROVIDER TYPE PROFILE (PROVIDER TYPE NT - TRANSPORTATION NETWORK COMPANY) • COMPANY LOGO DISPLAYED ON VEHICLE(S) • COPY OF TRIBAL BUSINESS LICENSE (REQUIRED IF PROVIDING SERVICES ON ARIZONA TRIBAL LANDS) • COPY OF COMPANY'S AUTO INSURANCE • COPY OF BROKER CONTRACT
<p>ATTESTATION:</p> <p>As the Owner/Provider you attest to performing exclusion checks on a routine basis in accordance to 42 CFR 1001.601, Exclusion or Suspension under a Federal or State health care program, on all drivers and can validate upon request the entity's Exclusion Check process.</p> <p>As the Owner/Provider you attest to having a process in place to address any violation of state drug laws by a driver and provide documentation upon request.</p> <p>Any changes that could or will impact the Medicaid provider id are required to be reported in writing within 30 days by notifying the Division of Member and Provider Services.</p> <p>By signing below you are attesting that this information will be kept current, on file, and made available upon request to Arizona Health Care Cost Containment System (AHCCCS).</p>		
Signature		Printed Name
Date		
Provider Name		Provider ID Number