SD MEDX

South Dakota Medical Electronic Data Exchange
SD Department of Social Services

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Atypical FAOI Enrollment Checklist

An Atypical Facility/Agency/Organization/Institution (FAOI) Provider includes Renal Transportation, Community Transportation, Non-Emergency Medical Transportation and specialized care for the elderly to help them remain in their home.

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The table below contains a list of required fields for each step when enrolling as an Atypical FAOI Provider. In the parenthesis you will find the options for that field. If there are a large number of options for the required field, those options are located at the bottom of the document (See Required Field Names in bold)

Step 1 Provider Basic Information		
Required Field	**Prior Selection (If field is conditional required)**	**Your Data**
Organization Name		
Organization Business Name		
FEIN		
Servicing Type		
W-9 Entity Type		
W-9 Entity Type (If Other)	W-9 Entity Type: Other	
Enrollment Request Date		
Step 2 Locations		
Required Field	**Prior Selection (If field is conditional required)**	**Your Data**
Location Type (Base and Servicing)		
Location Name		
Contact First Name		
Contact Last Name		
Address		
Phone Number		
Communication Preference (Standard Mail, E-Mail)		
E-Mail Address	Communication Preference: E-Mail	
Type of Address (Mailing, Pay-to)		
Step 3 Claim Submission Method		
Required Field		
Paper or Online(Direct Data Entry)		
Step 4 Payment Details		
Required Field	**Prior Selection (If field is conditional required)**	**Your Data**
Location		
Payment Method		
Bank Name		
Routing Number		
Account Number		
Account Type		
Payment Notification Preference (E-Mail, Letter)		
E-mail Address	Payment Notification Preference: E-mail	
Step 5 View/Upload Attachments		
Required Field	**Prior Selection (If field is conditional required)**	**Your Data**
Verification Of Electronic Funds Transfer (if applicable)		
Renal Transport Contracts and		

Agreements (if applicable)		
Registration Status Document (if applicable)		
NEMT Contracts and Agreements (if applicable)		
Community Transport Contracts and Agreements (if applicable)		
ASA Contracts and Agreements (if applicable)		
Step 6 Submit Enrollment Application for Review		
Required Field	**Prior Selection (If field is conditional required)**	
None		

List of options for required fields
Servicing Type: (Adult Services and Aging Provider, Community Transportation Provider, Non Emergency Medical Transportation Provider, Renal Transportation Provider)
W-9 Entity Type: (Corporation, Governmental Entity, Hospital Exempt from Tax or Government Owned, Individual/Sole Proprietor, LLC Filing as Corporation, LLC Filing as Disregarded Entity, LLC Filing as a Partnership, LLC Filing as Sole Proprietor, LTC Facility Exempt from Tax or Government Owned, Other, Partnership)