

**ADDENDUM TO THE PROVIDER AGREEMENT
WHEELCHAIR TRANSPORTATION**

This document serves as a formal addendum to the South Dakota Medical Assistance Provider Agreement.

A1. PROVIDER AGREES TO THE FOLLOWING:

1. Provider agrees to comply with Administrative Rules of South Dakota (ARSD) including those of December 15, 1998, specifically:
 - a. The driver providing the transportation service meets all requirements listed in ARSD 67:16:25:04:01.
 - b. Each driver and attendant is able to assist a passenger into and out of a vehicle and each receives all of the training listed in ARSD 67:16:25:04:02.
 - c. Each vehicle used for wheelchair transportation contains all of the equipment listed in ARSD 67:16:25:04:03.
 - d. Each vehicle used for wheelchair transportation services is equipped with a wheelchair securement device and a wheelchair occupant restraint system for each wheelchair and occupant being transported. The securement devices and driver or attendant responsibilities must meet the requirements of ARSD 67:16:25:04:04.
 - e. Both daily and weekly vehicle inspections are performed, as well as the after inspection requirements as stated in ARSD 67:16:25:04:05.
 - f. Liability insurance requirements are met in accordance with ARSD 67:16:25:04:06.
 - g. Compliance with ARSD 67:16:25:04:07 regarding proper resolution of complaints received by either the department or by the provider.
 - h. Maintain certain records and make them available to the department upon request in accordance with ARSD 67:16:25:04:08.

This addendum agreement is binding upon the parties effective _____.

TO BE COMPLETED BY THE PROVIDER

Provider Name: _____ Federal Tax ID #: _____
By: _____ Tax ID Name: _____
Title: _____ NPI Number: _____
Date: _____ Medicare Number: _____

TO BE COMPLETED BY MEDICAL SERVICES

Approved By: _____ Provider Number: _____
Date: _____ NPI Number: _____