TRANSPORTATION PROVIDER VEHICLE DETAILS

Provider Name: __________________________________________________________

Provider NPI: ______________ Application # (if applicable): ____________________

Background: There are different types of transportation providers and the eligibility requirements vary based on the type pursuant to ARSD Chapter 67:16:25.

A *community transportation* provider is a governmental entity or is registered as a nonprofit organization with the South Dakota Secretary of State that desires to furnish transportation to and from medical services for a recipient. Vehicles utilized must be licensed with commercial or exempt vehicle license plates.

A *secure medical transportation* provider uses specially designed and equipped vehicles to furnish nonemergency transportation to and from medical care for recipients who are confined to wheelchairs or require transportation on a stretcher.

An *ambulance* provider is licensed by the SD Department of Health under the provisions of article 44:05, or if located outside of South Dakota is enrolled with the other state’s Medicaid program to provide ambulance service.

**Instructions:** Populate the requested data below to provide a description of the vehicle(s) that will be used to transport SD Medicaid recipients. Complete a separate form for each vehicle that the entity or organization utilizes to provide transportation to Medicaid recipients and populate the total number of Provider Vehicle Details forms at the top to ensure all forms are received.

To be completed by provider:

License Type (circle one): Commercial Exempt U.S. Government

License Plate Number: ____________________________________________

Vehicle VIN or Serial Number: ______________________________________

Make: __________________________ Model: __________________________ Year: _________

Physical Address of the Vehicle: ______________________________________

City/Town: ______________________ State: __________ Zip Code: __________

Garage Location (if applicable):_________________________________________

City/Town: ______________________ State: __________ Zip Code: __________

Transportation Type: (Circle all using descriptions above):

Community Secure Air Ambulance Ground Ambulance

Dispatch Phone Number: _____________________
SD Counties Served.

Please circle all counties where recipients are picked-up by the vehicle noted. The counties served are used for purposes of informing recipients about available transportation providers. A provider’s ability to expand their service area is not limited by this form. However if significant and permanent changes to a provider’s service area is made, please send an updated copy of the form so current information is available to recipients.

Aurora  Cismond  Haakon  Lawrence  Potter
Beadle  Corson  Hamlin  Lincoln  Roberts
Bennett  Custer  Hand  Lyman  Sanborn
Bon Homme  Davison  Hanson  Marshall  Shannon
Brookings  Day  Harding  McCook  Spink
Brown  Deuel  Hughes  McPherson  Stanley
Brule  Dewey  Hutchinson  Meade  Sully
Buffalo  Douglas  Hyde  Mellette  Todd
Butte  Edmunds  Jackson  Miner  Tripp
Campbell  Fall River  Jerauld  Minnehaha  Turner
Charles Mix  Faulk  Jones  Moody  Union
Clark  Grant  Kingsbury  Pennington  Walworth
Clay  Gregory  Lake  Perkins  Yankton  Ziebach

I attest that the information submitted above has been completed accurately, to the best of my knowledge and that failure to appropriately disclose information is reason to deny an application to be a provider with South Dakota Medicaid or terminate an existing provider agreement with South Dakota Medicaid.

Completed by: __________________________ Date: _______________
(Signature of Authorized Official)

Printed Name: ______________________________

Completed forms can be sent to:
Email: SDMEDXGeneral@state.sd.us with Transportation Details for NPI [Enter 10 digit] as the subject.
Fax: 605-773-8520 with the applicable NPI noted on all pieces of documentation.