TRANSPORTATION PROVIDER VEHICLE DETAILS

Provider Name:_____

Provider NPI:_____ **Application # (if applicable):** _____

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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	Codington	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.