TRANSPORTATION PROVIDER VEHICLE DETAILS

Provider Name:_____

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

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Background: A transportation provider is a governmental entity or is registered as a nonprofit organization with the South Dakota Secretary of State (ARSD 67:16:25:06:01). The entity or organization has a signed transportation provider agreement with the department to furnish nonemergency medical transportation to recipients. Vehicles utilized must be licensed with commercial or exempt vehicle license plates.

Instructions: *Populate the requested data below to provide a description of the non-ambulance vehicle(s). 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

License Plate Number: _____

Vehicle VIN or Serial Number: _____

Make:_____Model:_____

Body Type: _____ Year: _____

Physical Address of the Vehicle: _____

City/Town: _____ State:_____ Zip Code: _____

Garage Location (if applicable):_____

City/Town: _____ State:_____ Zip Code: _____

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:_____