

NON-EMERGENCY SUBCONTRACTOR TRANSPORTATION FORM



SUBMISSION INSTRUCTIONS

PLEASE TYPE OR PRINT CLEARLY & COMPLETE THIS FORM IN ITS ENTIRETY INCLUDING ATTACHMENTS SO THAT WE MAY PROCESS YOUR REQUEST. Incomplete forms will be returned unprocessed. Any missing or expired documentation can lead to processing delays or credentialing discontinuation.

This form includes Personally Identifiable Information (PII) such as practitioner name, date of birth and SSN and should be sent in a secure manner.

New providers receive written confirmation of their effective date with the health plan. Members may not be seen until the provider receives written confirmation that a request or change is approved and completed (this includes approval by the Credentialing Committee if applicable).

The following items ***must be submitted*** with the completed form:

- **Provider Group W9** – The billing/payment address is taken directly from this document. Please ensure that it's accurate and up-to-date.
- **Automobile Liability Certificate of Insurance (COI)** – Coverage must include a minimum combined single limit of \$1 million.
- **Vehicle Maintenance Schedule** – this can include a checklist or policy that describes services performed on vehicles to ensure the vehicle is operating properly.
- **Checked child seat attestation** – This can be found in the Non-emergency Transportation Services section of this form (page 2). If your organization or subcontracted transportation vendor provides transportation services to children, the box *"Yes. We are providing non-emergency transportation for AHCCCS members. We attest that we are using age appropriate care seats when transporting children"* must be checked. If your organization does not transport children, your organization's policy stating such must be submitted.

Submit all documentation to AzCHProviderData@azcompletehealth.com.

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PROVIDER GROUP CREDENTIALING CONTACT

NAME			
EMAIL		PHONE	

PROVIDER GROUP INFORMATION

TAX ID		NAME			
MAILING ADDRESS					
CITY		STATE		ZIP	

TRANSPORTATION PROVIDER INFORMATION

NAME					
NPI		AHCCCS ID			
OFFICE ADDRESS					
CITY		STATE		ZIP	

NON-EMERGENCY TRANSPORTATION SERVICES

Yes. We are providing non-emergency transportation for AHCCCS members. We attest that we are using age appropriate care seats when transporting children.

Yes. We are providing non-emergency transportation for AHCCCS members. We attest that we do not provide transportation services for children. (Policy must be attached)

ATTESTATION/CONSENT TO RELEASE

I attest that I am the CEO or authorized designee to represent this organization. All information submitted in this document is true and complete to the best of my/our knowledge and belief. A photo copy of this original constitutes our written authorization and requests to release any and all documentation relevant to this form. A photo copy shall have the same force and effect as the signed original.

I acknowledge that submission of this document does not constitute selection or retention by Arizona Complete Health-Complete Care Plan. Nor does it grants this facility rights or privileges in any Arizona Complete Health-Complete Care Plan programs or any program until such time as we receive notice of participation.

Signature of CEO or Authorized Designee

Printed Name

Title

Date