



PO Box 12000, Syracuse New York 13202

Transportation Provider Information

Once form has been completed please fax to @ 315-299-2781 or email web_access@medanswering.com

Company Name: _____

NYS Medicaid Provider ID: _____ NPI # for Ambulance _____

Primary Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt Phone: _____ Fax: _____

Transportation Provider User Supervisor: _____ (This person will be responsible for managing your company user names for MAS website)

Dispatch Email: _____

Contact Email: _____

Type of Transportation Provided: Livery___ Ambulatory___ Wheelchair___ Ambulance___

* **Please Note:** You will be required to provide documentation from NYS DOH that your company is enrolled in any of the Service Levels checked above. If you are unable to provide documentation, MAS will not be able to add you to the service you are requesting.

Boroughs of operation:

Bronx___ Brooklyn___ Queens___ Manhattan___ Staten Island___

Hours that you will transport:

24/7 _____

or

M_____ Tu_____ W_____ Th_____

F_____ Sa_____ Su_____



PO Box 12000, Syracuse New York 13202

Office Hours(dispatch hours):

24/7 _____

or

M _____ Tu _____ W _____ Th _____

F _____ Sa _____ Su _____

Available for: Same Day trips _____ Next Day trips _____

Primary Source of Contact for Same Day/Next Day trips (Select One):

During office hours: Phone _____ Fax _____ Email _____ Leave on Website _____ After

Office Hours: Phone _____ Fax _____ Email _____ Leave on website _____

Special Instructions (anything that MAS should know about where you transport, where you don't transport, anything that will help us assign trips properly): _____

If, at any time, you need to make a change to the above information, please contact a member of Systems Access team at the numbers below or email web_access@medanswering.com:

Chris Walker 315-299-2721, Missy Horn 315-299-2789, Charnissa Yancy 315-299-2794

We look forward to working with you and your company.

Signature: _____

Date: _____

Print Name: _____