



PO Box 12000, Syracuse New York 13202

### Transportation Provider Information

Once form has been completed please fax to Terri Collins @ 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 MAS User Supervisor: \_\_\_\_\_

Dispatch Email: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Type of Transportation Provided: Taxi\_\_\_ Ambulatory\_\_\_ Wheelchair\_\_\_ Stretcher\_\_\_

#### Hours that you will transport:

24/7 \_\_\_\_\_

or

M \_\_\_\_\_ Tu \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_

F \_\_\_\_\_ Sa \_\_\_\_\_ Su \_\_\_\_\_

#### 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\_\_\_\_\_

Counties of Operation:



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Please note for any county that you indicate below, you will need to be available for in county trips as well as long distance from the counties. If you are not willing/not available to do the in county trips, please do not mark the county as a county you will transport in. If you mark counties more than an hour away from the address listed above, you may be asked to provide additional information as to how you plan on providing safe, reliable, and on time transportation at Medicaid approved rates in those counties.

Albany\_\_\_ Allegany\_\_\_ Broome\_\_\_ Cattaraugus\_\_\_ Cayuga\_\_\_ Chautauqua\_\_\_  
Chemung\_\_\_ Chenango\_\_\_ Clinton\_\_\_ Columbia\_\_\_ Cortland\_\_\_ Delaware\_\_\_  
Dutchess\_\_\_ Erie\_\_\_ Essex\_\_\_ Franklin\_\_\_ Fulton\_\_\_ Genesee\_\_\_ Greene\_\_\_ Hamilton\_\_\_  
Herkimer\_\_\_ Jefferson\_\_\_ Lewis\_\_\_ Livingston\_\_\_ Madison\_\_\_ Monroe\_\_\_ Montgomery\_\_\_  
Niagara\_\_\_ Oneida\_\_\_ Onondaga\_\_\_ Ontario\_\_\_ Orange\_\_\_ Orleans\_\_\_ Oswego\_\_\_ Otsego\_\_\_  
Putnam\_\_\_ Rensselaer\_\_\_ Rockland\_\_\_ St. Lawrence\_\_\_ Saratoga\_\_\_ Schenectady\_\_\_  
Schoharie\_\_\_ Schuyler\_\_\_ Seneca\_\_\_ Steuben\_\_\_ Sullivan\_\_\_ Tioga\_\_\_ Tompkins\_\_\_  
Ulster\_\_\_ Warren\_\_\_ Washington\_\_\_ Wayne\_\_\_ Westchester\_\_\_ Wyoming\_\_\_ Yates\_\_\_

**ATTENTION NEW VENDORS:**

In addition to this sheet, we will also need a signed copy of the MAS Terms of Use and General Privacy policy. This can be found on our website, [www.medanswering.com](http://www.medanswering.com), under Documents and Forms under MAS Contacts and Forms, titled Terms of use. When filling this out, please include all employees that will be accessing the MAS system. All employees will need their own user name and password.

You will also need to provide MAS will a copy of your Department of health acceptance letter. The letter will include your business name, Medicaid provider Id # and service level, you were approved for.

If you have a Dba for your company, we will need to provide documentation from provider enrollment that your DBA was approved. if you do not have an approved DBA, we will be adding your company to our system with the name that is on your DOH approval letter.

We will not be able to add your company to the MAS web site until we receive all three forms, Vendor Info sheet, Terms of Use and DOH acceptance letter.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_