MAS
Medical Answering Services, LLC.

• TRANSPORTATION MANAGEMENT

PHONE 315.701.7551/800.850.5340 • P.O. BOX 11998 SYRACUSE, NEW YORK 13218 • FAX 315.299.2786

MAS Transportation Provider Incident Report

Check all that apply

Motor Vehicle Accident ____ Medicaid Enrollee Injury ____ Equipment Problem ____ Medicaid Enrollee Issue ____

Date of Accident/Incident: _____ Time of Accident/Incident: _____

Location of accident or incident: _____

Transportation Provider: _____ Date Reported to MAS: _____

Contact Person: _____ Telephone #: _____

Address: _____ Fax #: _____

Driver of Provider's Vehicle: _____ Driver's License # _____

Vehicle Plate #: _____ Damage to Provider's Vehicle: ___ Yes ____ No

Detailed Description of accident/incident: (attach additional pages if necessary) _____

_____

_____

_____

_____

_____

Check all that apply

Were emergency services called? Yes____ No ____ 911___ Police ___ Ambulance___ Tow truck ___

Injured: Enrollee(s) _____ Driver _____ Attendant _____ Escort _____ Other _____

Attached: Police Report _____ (include agency, telephone # & report #)_____ Other _____

Name: _____Medicaid #: _____ Phone #: _____

Address: _____

Description of Injury: _____

Treated at: Scene _____ Medical Facility _____ Name Med. Facil.: _____

Brief Description of Treatment: _____

Report Submitted by: _____ Phone #: _____ Date:_____

_____

Print/Type Name Signature