



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___
Ambulance___

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):



• TRANSPORTATION MANAGEMENT

PHONE 315.701.7551/800.850.5340 • P.O. BOX 12000 SYRACUSE, NEW YORK 13218 • FAX 315.299.2723

During office hours: Phone___ Fax___ Email___ Leave on Website_____

After Office Hours: Phone___ Fax___ Email___ Leave on website_____

Boroughs of operation:

Bronx___ Brooklyn___ Queens___ Manhattan___ Staten Island_____

Do you currently have transportation contracts with or are you the preferred transportation provider for any facilities in NYC?_____

If Yes, which facilities_____

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](mailto:web_access@medanswering.com):

Mike Collins 315-299-2732, Chris Walker 315-299-2721, Missy Horn 315-299-2789

Mike Direnzo 315-299-2722, Terri Collins 315-299-2799

We look forward to working with you and your company.

Signature:_____

Date:_____

Print Name:_____