



PO Box 12000 | Syracuse, NY 13218  
medanswering.com

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## Transportation Provider Information

Please email completed form to [web\\_access@medanswering.com](mailto: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\_\_\_

Boroughs of operation:

Bronx\_\_\_ Brooklyn\_\_\_ Queens\_\_\_ Manhattan\_\_\_ Staten Island\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_



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**ATTENTION NEW PROVIDERS:**

You will also need to provide MAS with 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 required forms.

Pictures of the Transportation Provider Information sheet and your DOH acceptance letter will not be accepted.

If you have any questions, please contact your MAS Field Liaison.

We look forward to working with you and your company.

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

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

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