



A Driving Force in Non-Emergency
Medicaid Transportation Management

PO Box 12000, Syracuse NY 13218 / medanswering.com

Transportation Provider Information

Company Name: _____

NYS Medicaid Provider ID: _____ NPI# for Ambulance _____

Primary Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Approved Category(s) of Service: Taxi___ Ambulatory___ Wheelchair___ Stretcher___

Counties of Operation:

Albany___ Allegany___ Bronx___ Brooklyn___ 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___ Nassau___ New York___ Niagara___ Oneida___
Onondaga___ Ontario___ Orange___ Orleans___ Oswego___ Otsego___ Putnam___ Queens___ Rensselaer___
Rockland___ St. Lawrence___ Saratoga___ Schenectady___ Schoharie___ Schuyler___ Seneca___
Staten Island___ Steuben___ Suffolk___ Sullivan___ Tioga___ Tompkins___ Ulster___ Warren___
Washington___ Wayne___ Westchester___ Wyoming___ Yates___

*Please note, for any county that you select, you will need to be available for in-county trips as well as long distance trips from the selected county. Please only mark counties that you can pick up from in a safe & timely manner. If you select a county that does not border your home county, you will need to provide information as to how you plan on providing safe & reliable transportation in a timely manner. Medicaid approved rates for the county of the initial pick-up will be paid.



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New Providers

You will need to provide MAS with a copy of your NYS Department of Health approval letter that shows which Category(s) of Service your company has been approved for along with this form.

Please scan the NYSDOH approval letter along with this completed information sheet & send then as a PDF attachment to _____ *****We are not able to accept pictures of the documents****

We will notify you once your email is received.

Existing Providers

-If you wish to add additional counties to your coverage area, please complete this form & email it as a PDF attachment to your MAS Field Liaison. If you select counties that do not border your home county, you will need to provide information as to how you plan on providing safe & reliable transportation in a timely manner.

-If you have a DBA that you would like to update your company's name to, you, the provider, will need to provide proof that it has been updated & approved by eMedNY Provider Enrollment. Please email the proof to your MAS Field Liaison.

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

<https://www.medanswering.com/transportation-provider-relations-team/>

Signature: _____

Print Name: _____

Date: _____