

PROVIDER TYPE PROFILE

PROVIDER TYPE	NE	NEMT EQUINE
REIMBURSEMENT TYPE	02	FEE-FOR-SERVICE EFFECTIVE 05-01-2019

CATEGORIES OF SERVICE		LICENSE/CERTIFICATION
MANDATORY	31	NON-EMERGENCY TRASNPORTATION • SIGN/DATED PROVIDER TYPE PROFILE (PROVIDER TYPE NE-NEMT EQUINE)

ATTESTATION:

As the Owner/Provider you attest to compliance with any Tribal Animal Control inspections and requirements, and ensure the equines are fit to provide Non-Emergency Transportation services.

Any changes that could or will impact the Medicaid provider id are required to be reported in writing within 30 days by notifying the Division of Member and Provider Services.

By signing below you are attesting that this information will be kept current, on file, and made available upon request to Arizona Health Care Cost Containment System (AHCCCS).

Signature		Printed Name	
Date			
Provider Name			Provider ID Number