

## PROVIDER TYPE PROFILE

<b>PROVIDER TYPE</b>	NT	TRANSPORTATION NETWORK COMPANY
<b>REIMBURSEMENT TYPE</b>	04	ENCOUNTERS ONLY EFFECTIVE 05-01-2019

CATEGORIES OF SERVICE		LICENSE/CERTIFICATION
MANDATORY	31	NON-EMERGENCY TRANSPORTATION  PERMIT ISSUED BY THE ARIZONA DEPARTMENT OF TRANSPORTATION (SEE A.R.S. §28- 9552)  REQUIRED AT REGISTRATION: <ul style="list-style-type: none"> <li>• SIGNED PROVIDER PROFILE</li> <li>• COMPANY LOGO DISPLAYED ON VEHICLE(S)</li> <li>• COPY OF TRIBAL BUSINESS LICENSE (REQUIRED IF PROVIDING SERVICES ON ARIZONA TRIBAL LANDS)</li> <li>• COPY OF COMPANY'S AUTO INSURANCE</li> <li>• CONFIRMATION OF AFFILIATED BROKER</li> </ul>
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**ATTESTATION:**

As the Owner/Provider you attest to performing exclusion checks on a routine basis in accordance to 42 CFR § 1001.601, Exclusion or suspension under a Federal or State health care program, on all drivers and can validate upon request from AHCCCS, the entity's Exclusion Check process. Any changes that could or will impact the Medicaid provider id are expected to be reported to AHCCCS, The Office of Inspector General-Provider Registration Section within 30 days.

By signing below you are indicating that this information is accurate, complete and made available upon request.

<b>Signature</b>		<b>Printed Name</b>	
<b>Date</b>			
<b>Provider Name</b>		<b>Provider ID Number</b>	