



NEMT TRANSPORTATION

COMMERCIAL NEMT IS COVERED ONLY WHEN PROVIDED FOR KMAP BENEFICIARIES GOING TO A KMAP COVERED SERVICE FOR MEDICAL PURPOSES.

Provider name [] Provider number []

Check one of the following trip options: [] One-way trip [] Round trip

Total miles traveled for trip []

Type of vehicle used to transport Medicaid beneficiary:

[] Automobile [] SUV [] Minivan [] ADA Approved Wheelchair Van [] Stretcher Van

Check the box next to the type of vehicle used to transport the KMAP beneficiary to a Medicaid-covered service. This vehicle must be a vehicle which KMAP has approved through the enrollment process.

Note: The primary care physician or designee must complete the Certification by Medical Provider for Transportation Services form to bill for Level II transportation.

Date [] Time []

Beneficiary name []

Beneficiary KMAP ID number []

Signature of beneficiary []

(Original signature of beneficiary required)

Signature of guardian and relationship to beneficiary []

Complete address where beneficiary is picked up []

Complete address where beneficiary is picked up []

Complete address where beneficiary is dropped off []

Complete address where beneficiary is dropped off []

Name and complete address of medical provider or medical facility where beneficiary is being transported to or from []

Driver's name (printed) []

Driver's signature []

Commercial transportation providers must keep a copy of each completed form on file. Failure to complete this form in its entirety will result in recoupment of adjudicated claims. This form is mandatory. Do not revise or alter in any way. Blank forms may be photocopied for use.

NEMT TRANSPORTATION

INSTRUCTIONS

Provider name/number

Enter your commercial provider name exactly as it is registered with KMAP (such as *Wheels 4 You*) and the provider number assigned to you by KMAP. Do not use abbreviations.

Trip options

Enter a mark in the corresponding box indicating whether the driver is transporting the beneficiary one-way or round-trip.

Total miles traveled for trip

Enter the total number of miles traveled with the KMAP beneficiary in the vehicle.

Types of vehicle used to transport Medicaid beneficiary

Check the box next to the type of vehicle used to transport the KMAP beneficiary to a Medicaid-covered service. This vehicle must be a vehicle which KMAP has approved through the enrollment process.

Date

Enter the date (month, day, year) the service was provided.

Time

Enter the time the driver arrived to pick up the beneficiary, for example 9:15 a.m. or 2:23 p.m.

Beneficiary name

Enter the KMAP beneficiary's name as it appears on the medical card.

Beneficiary KMAP ID number

Enter the beneficiary's ID number as it appears on the medical card.

Signature of beneficiary

At the time of each transport, have the beneficiary sign his or her name. If the beneficiary is unable to sign due to a medical condition or is too young to sign and a guardian is not available, the driver should write the words "Unable to sign" in this box and place the driver's initial next to the line; a photocopied signature is not acceptable.

Signature of guardian and relationship to beneficiary

At the time of each transport, if the beneficiary is unable to sign and a guardian is available to sign, have the guardian sign in this box and write what his or her relationship is to the beneficiary, for example Joe Doe, grandfather.

Complete address where beneficiary is picked up or dropped off

Enter the complete address where the beneficiary is picked up or dropped off. A complete address consists of a street number, street name, and city name.

NEMT TRANSPORTATION

INSTRUCTIONS (continued)

Name and complete address of medical provider or medical facility where beneficiary is being transported to or from

Enter the name of the medical facility or medical provider where you are transporting the beneficiary (such as Topeka Dialysis Clinic, Smile Medical Plaza, or Dr. Good's office). Enter the complete address of the medical building or office to which the beneficiary is transported. A complete address consists of a street number, street name, and city name.

Driver's name (printed)

Print the name of the person driving the commercial NEMT vehicle. This person must be a driver who KMAP has approved through the enrollment process.

Driver's signature

The signature of the person driving the commercial NEMT vehicle is required. This person must be a driver who KMAP has approved through the enrollment process.

- Commercial transportation providers must keep a copy of each completed form on file.
- Failure to complete this form in its entirety will result in recoupment of adjudicated claims.
- This form is mandatory.
- Do not revise or alter in any way.
- Blank forms may be photocopied for use.