Appendix M – Non-Emergency Ground Transportation – Taxi Cabs Attachment

INSTRUCTIONS

PURPOSE:

Non-Emergency Ground Transpiration – Taxi Cabs attachment shall be used by health care providers who provide non-emergency ground transportation. This form shall be submitted with a completed DHS 1139, Medicaid Application/Change Request Form.

INSTRUCTIONS:

1.	Name of Business:	Self-explanatory
2.	Print name legibly:	Self-explanatory
3.	Signature:	Self-explanatory
4.	Date Signed:	Self-explanatory

Provider First Name and Last Name or DBA: _____
Be sure to include this identification at the bottom of every page.