

INSTRUCTIONS
DHS 1139B (Rev. 08/10)

NON-EMERGENCY GROUND TRANSPORTATION – TAXI CABS
ATTACHMENT

PURPOSE:

Form DHS 1139B 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:

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