

Tennessee Carriers, Inc.
PROSPECTIVE NEMT TRANSPORTER INFORMATION SHEET

Date: _____

Transporter Company Name: _____

Years in Business: _____

Principal Business Address (list each service location separately):

Street: _____

City: _____ **County:** _____ **State:** _____ **ZIP:** _____

Company is: ___ **Sole Proprietorship** ___ **Corporation** ___ **Partnership** ___ **Political Sub'd**

List Principal Officers or Owners:

Contact name: _____

Contact office phone: _____ **Contact Cell Phone:** _____

Office fax number: _____

Contact E-mail: _____

TAX ID (EIN) Number (SSN for Sole Proprietorship): _____

NPI Number: _____

Medicare Provider Number (if applicable): _____

Tennessee Medicaid (TennCare) Provider I.D. Number: _____

Days and Hours of Dispatch Office Operation: _____

Days and Hours Services Available: _____

Dispatch/Garage Location: (if different, specify in comments)

Street: _____

City: _____ **County:** _____ **State:** _____ **ZIP:** _____

Service classes available at each Dispatch Location:

___ Ambulatory ___ Wheelchair ___ Stretcher ___ Ambulance

Total Number of Vehicles by Class at each Dispatch location:

_____ Ambulatory _____ Wheelchair _____ Stretcher _____ Ambulance

Counties served by each Dispatch location:

E-mail address for delivery of manifest and trip authorizations:

Comments:

Multiple Pages Are OK.