

PROSPECTIVE NEMT TRANSPORTER INFORMATION FORM

All Sections Must be Completed

To expedite / streamline the contracting process, please complete this form electronically

Date: _____

Company Name: _____

DBA (Doing Business As): _____

Business Address

Street: _____ City: _____

State: _____ Zip: _____ County: _____ Region: _____

Business Type

Sole Proprietorship Partnership Corporation LLC Government Entity Non-Profit

Certified Minority Owned Business

- NMSDC - National and Regional Minority Supplier Development Councils
- WBENC - Women's Business Enterprise National or Regional Council
- SBA (Veteran and Disabled Veteran certification)
- NGLCC - National Gay and Lesbian Chamber of Commerce
- USBLN - US Business Leadership Network - Disability Supplier Diversity Program
- State Certification
- City or Municipality Certification

Tax ID: _____ OR N/A (Business uses owner's SSN)

National Provider Identifier: _____

Is this NPI registered with TennCare? Yes No

TN Medicaid Provider ID: _____

Medicare Provider Number: _____

Taxonomy Code: _____

You can obtain your Taxonomy Code by visiting <https://npiregistry.cms.hhs.gov>

State Specialty Code: _____

Locate your State Specialty Code in list provided by using your Taxonomy Code.

Hours of Operation

Dispatch Hours
 Sunday _____
 Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____
 Saturday _____

Office Hours
 Sunday _____
 Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____
 Saturday _____

Garage Address

Street: _____ City: _____
 State: _____ Zip: _____ County: _____

Operational Information

Total Number of Vehicles: _____ Total Drivers: _____

List number of each vehicle in fleet total:

Ambulatory (Only)	Wheelchair	Invalid Stretcher	BLS Ambulance	ALS Ambulance

Service Area

The services areas below should only be locations you provide contracted rate services.

County Name	Are Vehicles Stationed in this County?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Special Service Area Notes:

Contact Information

Department	Contact Name	Cell Phone	Office Phone	Fax	Email Address
Owner / CEO	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Administration	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Dispatch and Scheduling	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Driver Management	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Vehicle Management	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

Instructions to Locate Your Provider Specialty Code

- ✓ Step 1 – Provider Specialty Description – Select appropriate for your company
- ✓ Step 2 – Verify Taxonomy matches your TennCare registration
- ✓ Step 3 – Use Provider Specialty Code as appropriate

		Step 1	Step 2	Step 3
Provider Type Description	Taxonomy Grouping	Provider Specialty Description	Taxonomy	Provider Specialty
Transportation Provider	Non-Emergency Medical Transport	<i>Ambulatory Only</i>	343900000X	264
	Non-Emergency Medical Transport	<i>Wheelchair Only</i>	343900000X	265
Transportation Provider	Non-Emergency Medical Transport	<i>Wheelchair and Ambulatory</i>	343900000X	265
Transportation Provider	Ambulance	Ambulance	341600000X	260
Transportation Provider	Ambulance (Land Transport)	Ambulance (Land Transport)	3416L0300X	260

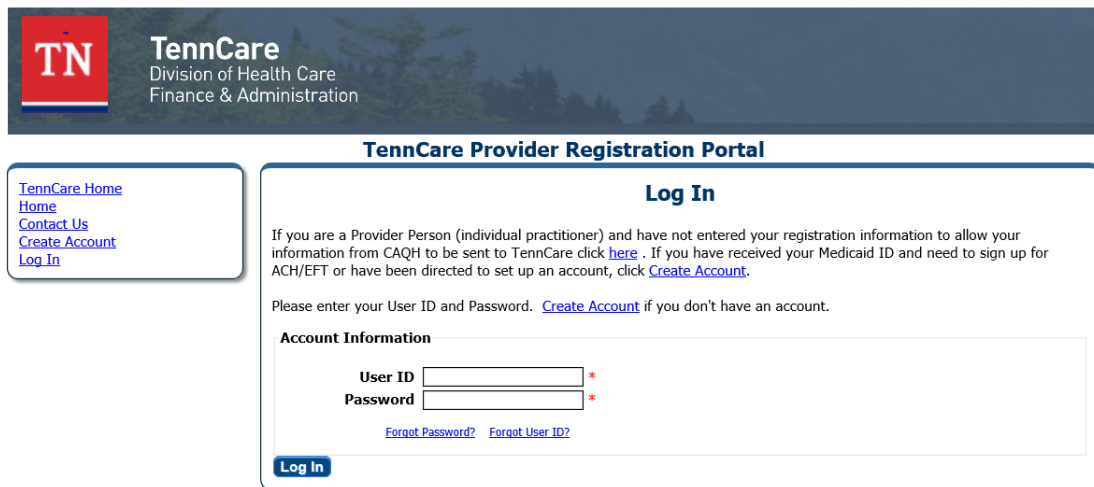
Additional Information Required

TennCare has update their process for vendor registration. In order for Tennessee Carriers to verify your TennCare registration, please follow the instructions below and submit the requested screen-shots with your Provider Information Packet.

If you encounter any issues that affect your registration, or you are not able to provide the required completed screen-shots, please contact TennCare directly.

Number of Screen-shots required to be returned **4**

- ✓ Step 1: Login to the TennCare Provider Registration Portal using the link below
 - <https://pdms.tenncare.tn.gov/Account/Login>



The screenshot shows the TennCare Provider Registration Portal login page. At the top left is the TennCare logo (TN) and the text "TennCare Division of Health Care Finance & Administration". Below this is a navigation menu with links: "TennCare Home", "Home", "Contact Us", "Create Account", and "Log In". The main content area is titled "TennCare Provider Registration Portal" and "Log In". It contains instructions for provider persons and a "Create Account" link. Below the instructions is a form titled "Account Information" with fields for "User ID" and "Password", both marked with an asterisk. There are also links for "Forgot Password?" and "Forgot User ID?". A "Log In" button is located at the bottom left of the form.

Figure 1

- ✓ Step 2: After logging in please take a **Screen-Shot** of your homepage (figure 2). Please see the example below.
- ✓ Step 3: Select “View Provider File (Read Only)” from the Manage My Account section.

Figure 2

- ✓ Step 4: Upon selecting to view your provider file, you will be taken to the screen below (figure 3). Please focus on the left hand side of the page where you will find seven (7) items which have been magnified for you in this section below (figure 4).
 - Note: ALL seven (7) items MUST have a green checkmark which will identify that each section has been completed.

The following sections of the Provider File will require screen-shots:

- Identification
- Licenses & Classifications
- ACH Authorization

TennCare
Division of Health Care
Finance & Administration

TennCare Provider Registration Portal

User: Wednesday, September 27, 2017 [Home](#) [Logout](#)

Provider Name
Application Type
Application Status: Approved
[View](#) Read Only

Screen Errors

Identification [Next](#)

Provider Information

Provider Name	DBA	NPI	SSN/Tax ID	Provider Type	Effective Date

Primary Contact Information

Primary Contact Name	Title	Phone Number	Extension	EmailAddress

Uploaded Documents

The documents shown below are uploaded from this page only. You have to navigate to the specific page to view the documents on that page.

Figure 3

[TennCare Home](#)
[Home](#)
[My Profile](#)
[Contact Us](#)
[Log Out](#)

Provider File

- [Identification](#)
- [Licenses & Classifications](#)
- [Practice Locations](#)
- [Owner Information](#)
- [Substitute W9 Form](#)
- [ACH Authorization](#)
- [Agreements](#)

Figure 4