



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid Program)

AMBULANCE TRANSPORTATION

(Enrollment packet is subject to change without notice.)

Ambulance Transportation

REQUIRED DOCUMENTS FOR ENROLLMENT

The following checklist shows all required documents that **MUST** be submitted to enroll with Fee For Service (FFS) Louisiana Medicaid. Please make certain to complete each required form in its entirety to avoid processing delays.

*Form is included in the **Basic Enrollment Packet for Entities/Businesses**.

**Forms are included here.

Completed	Document Name
*	1. Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
*	2. PE-50 Addendum – Provider Agreement Forms (three pages).
*	3. Medicaid Direct Deposit (EFT) Authorization Agreement Form.
*	4. Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business.
*	5. (If submitting claims electronically) Provider's Election to Employ Electronic Data Interchange of Claims for Processing in the Louisiana Medical Assistance Program (EDI Contract) Form and Power of Attorney Form (if applicable).
	6. Copy of voided check or letter from the bank on bank letterhead verifying the account and routing number for the account to which you wish to have your funds electronically deposited (deposit slips are not accepted) .
	7. Copy of a pre-printed document received from the IRS showing both the employer identification number (EIN) and the official name as recorded on IRS records (W-9 forms are not accepted) .
	8. Copy of EMS license issued by the resident state.
	9. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 59 (Ambulance).
**	10. Hold Harmless Agreement Form.

Out of State Enrollment:

	11. Submit an original claim with the application for the initial date of service. This claim must meet timely filing guidelines. Be sure that the license submitted (see Item 8, above) covers the period represented by the date of service on the claim.
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Original Signatures Required – Please Do NOT Use Black Ink

Please submit all required documentation to:
Gainwell Provider Enrollment Unit
PO Box 80159
Baton Rouge, LA 70898-0159
225-216-6370

HOLD HARMLESS AGREEMENT

_____, a Medical Transportation provider enrolled in the Louisiana Medicaid Program and providing transportation services for Medicaid beneficiaries, agrees to indemnify, defend, and hold harmless the Louisiana Department of Health, Bureau of Health Services Financing, from any claims or liabilities whatsoever of any nature arising from the operation of a vehicle by the provider or his employees, agents, etc. and any acts of negligence or misconduct attributable to the provider or his employees, agents, etc.

Provider Signature

Witness

Witness

Notary Public