



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid Program)

AMBULANCE TRANSPORTATION

(Enrollment packet is subject to change without notice)

Ambulance Transportation

CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the Gainwell Provider Enrollment Unit in order to enroll in the Louisiana Medicaid Program as a Ambulance Transportation provider:

Completed	Document Name
*	1. Completed Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
*	2. Completed PE-50 Addendum – Provider Agreement Form (two pages).
*	3. Completed Medicaid Direct Deposit (EFT) Authorization Agreement Form.
*	<p>4. Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business. (Only the Disclosure of Ownership portion of this enrollment packet can be done online by choosing Option 1.)</p> <p>Option 1 (preferred): Provider Ownership Enrollment Web Application. Go to www.lamedicaid.com and click on the Provider Enrollment link on the left sidebar. After entering ownership information online, the user is prompted to print the Summary Report; the authorized agent must sign page 3 of the Summary Report and include both pages 2 and 3 with the other documents in this checklist.</p> <p style="text-align: center;">-or-</p> <p>Option 2 (not recommended): If you choose not to use the Provider Ownership Enrollment web application, then submit the hardcopy Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business.</p>
*	5. (If submitting claims electronically) Completed 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. Completed Hold Harmless Agreement Form.

* These forms are available in the **Basic Enrollment Packet for Entities/Businesses**.

** Forms included here.

Out of State Enrollment:

	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.
--	---

PLEASE USE THIS CHECKLIST TO ENSURE THAT ALL REQUIRED ITEMS ARE SUBMITTED WITH YOUR APPLICATION FOR ENROLLMENT. ATTACHED FORMS MUST BE SUBMITTED AS ORIGINALS WITH ORIGINAL SIGNATURES (NO STAMPED SIGNATURES OR INITIALS)

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

HOLD HARMLESS AGREEMENT

_____, a Medical Transportation provider enrolled in the Louisiana Medicaid Program and providing transportation services for Medicaid recipients, agrees to indemnify, defend, and hold harmless the Department of Health and Hospitals, 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