

**NON-EMERGENCY MEDICAL TRANSPORTATION
OHIO FACILITY DIRECT SCHEDULING OPTION AFFIDAVIT**

This Ohio Facility Direct Scheduling Option Affidavit (“Affidavit”) documents understanding by (“Transportation Provider”) of the following:

By signing this Affidavit, the undersigned, as a duly authorized representative of the Transportation Provider, hereby attests the Transportation Provider is in compliance with the signed Transportation Provider (Ambulance) Letter of Agreement and all of the Agreement’s incorporated attachments and amendments (collectively, the “Agreement”), incorporated herein by reference, and hereby acknowledges and understands Medical Transportation Management, Inc. (“MTM”) process(es) of the Ohio Facility Direct Scheduling Option. Elements of the Ohio Facility Direct Scheduling Option shall include but not limited to:

- Medical facilities may contact the Transportation Provider directly to schedule non-emergency ambulance and wheelchair transportation. This Ohio Facility Direct Scheduling Option process is optional for both the requesting medical facility and the Transportation Provider, and Transportation Provider is under no obligation with MTM to accept and complete a medical facility-requested transport.
- It is the Transportation Provider’s obligation to verify member eligibility for the requested date of service. This option is limited to AmeriHealth Caritas of Ohio Medicaid members.
- Complete transportation data must be submitted by the Transportation Provider to MTM for payment, in accordance with MTM process(es), no later than ninety (90) days following the date of service.
- The Transportation Provider will maintain a signed Certification of Medical Necessity (“CMN”) in accordance with Ohio Medicaid guidelines and furnish the CMN within thirty (30) days of request by MTM.

Moreover, by signing this Affidavit, Transportation Provider gives MTM approval to share the Transportation Provider’s service area and contact phone number with medical facilities who wish to participate in the Ohio Facility Direct Scheduling Option. In the event there is a conflict with the terms of this Affidavit and those of the underlying Agreement, the terms of the Agreement shall control.

Transportation Provider:
By:
Print:
Title:
Date:
Federal ID: