Ambulette Service Facility Partnership Intake Form

For facilities seeking non-emergency medical transportation. Complete the required fields marked with an asterisk (*), then submit the form. Please do not include patient names, diagnoses, Medicaid identification numbers, or other protected health information.

1. Facility Contact

Facility Name * Enter facility name Enter text	**Facility Type *** [Dropdown: Medical facility; Adult day care; Residential facility; Dialysis center; Rehabilitation center; Other]
Contact Name * Enter contact name Enter text	**Job Title** Enter job title Enter text
Phone * Enter telephone Enter telephone	**Email *** Enter email Enter email
Facility Address * Enter ZIP codeEnter cityEnter street address Enter street address Enter city [State dropdown] Enter ZIP code	

2. Transportation Needs

Services Needed * — Select all that apply
☐ **Recurring trips** ☐ **Medical appointments** ☐ **Dialysis** ☐ **Facility discharges** ☐ **On-demand trips**

Mobility / Assistance * — Select all that apply **☐ Ambulatory ☐ Wheelchair ☐ Stair-chair ☐ Door-to-door assistance ☐ Escort travels with rider**	
Estimated Trips per Day * **Enter number** **Enter number**	**Estimated Trips per Week *** Enter number Enter number
Preferred Start Date **[Date picker]**	**Service Term *** ○ One-time ○ Short-term ○ Ongoing
Pickup / Drop-off Areas and Typical Schedule * **Enter response**	
Payment Source * **[Dropdown: Facility contract; Medicaid / transportation broker; Managed care plan; Private pay; Other; To be determined]**	

3. Operations & Contracting

Safe Vehicle Access / Pickup Area * **○ Yes ○ No ○ Site review needed**	**Facility Coordinates Rider Readiness *** **○ Yes ○ No ○ To be discussed**
Required Vendor Documents — Select all that apply **☐ Certificate of insurance ☐ W-9 ☐ Vendor application ☐ Service agreement ☐ Driver / vehicle credentials**	
Special Access, Scheduling, Billing, or Rider Requirements **Enter response if applicable**	

4. Consent & Submit

☐ **Required consent:** I am authorized to submit this inquiry, the information is accurate, and I understand that submission does not guarantee service or create a contract. *

SUBMIT INQUIRY

After submission: Display “Thank you. Your inquiry has been received. We will contact you within 5–7 business days.” Send a confirmation email to the submitter and route the completed form to the facility-contracting or transportation-coordination inbox.