

# Attestation for Non-Medical Transportation Providers

## New York State Medicaid Program

My signature below confirms the understanding that any licensure requirements in the municipalities where a provider/vendor may operate are the provider's/vendor's sole responsibility. Neither the State Department of Health nor the Department's contracted transportation manager will be responsible for penalties incurred by a provider/vendor due to unmet local licensure requirements. In addition the provider/vendor agrees to maintain records which documents that drivers possess the relevant valid driver's license and the vehicles are registered with the appropriate license plates as indicated on the above required document chart for the appropriate Category of Service(COS.)

Successful enrollment is not a guarantee of trip assignments. Medicaid trips are assigned based upon expressed choice among participant transportation vendors, by the Medicaid enrollee or, where the enrollee expresses no choice, the medical practitioner; and finally, where no choice is expressed, by rotation. Further, if successfully enrolled as a New York State Medicaid transportation provider/vendor, you agree to comply with all of the requirements and quality standards of such a vendor as detailed in the Transportation Provider Policy Manual, Medicaid Provider Manual and Title 18 of the New York Codes, Rules and Regulations, as well as administrative requirements of the Department and its transportation manager (where applicable).

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Signature of Owner / Date