

EXPANDING ACCESS | CONNECTING RIDERS WITH QUALIFIED PROVIDERS

Apply to join ProVital Transit's local referral network. We may contact approved partners when a trip falls outside our availability, vehicle capabilities, service area, or provider requirements. Submission does not guarantee approval, referrals, trip volume, or compensation.

1. COMPANY INFORMATION

Legal Business Name *

DBA / Company Name

Primary Contact Name *

Title

Business Phone *

Dispatch Phone *

Business Email *

Dispatch Email

Website

Years in Business

City / State / ZIP *

NPI Number *

Business Address *

NC Medicaid Provider Number (if applicable)

Other Provider ID (optional)

2. SERVICE AREA & AVAILABILITY

Counties / Primary Service Area *

Maximum One-Way Travel Distance

Normal Operating Hours

☐ Same-day trips

☐ Weekend trips

☐ After-hours trips

☐ Long-distance trips

Minimum advance notice / availability notes

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3. TRANSPORTATION SERVICES OFFERED

- | | | |
|---|--|---|
| ☐ Ambulatory | ☐ Wheelchair | ☐ Bariatric Wheelchair |
| ☐ Stretcher | ☐ Bariatric Stretcher | ☐ Geri Chair |
| ☐ Hospital Discharge | ☐ Dialysis | ☐ Behavioral Health |
| ☐ Facility-to-Facility | ☐ Long-Distance Medical | ☐ Other |

Specialized services, equipment, or limitations

4. FLEET INFORMATION

Total Vehicles *

Ambulatory Vehicles

Wheelchair-Accessible Vehicles

Stretcher Vehicles

Bariatric-Capable Vehicles

Other Specialty Vehicles

- | | |
|--|--|
| ☐ Required commercial auto insurance maintained | ☐ Vehicles display company identification |
|--|--|

Wheelchair / stretcher capacity, lift/ramp details, or other fleet notes

5. BROKER & PAYER PARTICIPATION

- | | | |
|--|---|--|
| ☐ Modivcare | ☐ MTM | ☐ Verida |
| ☐ SafeRide Health | ☐ One Call | ☐ VGM HOMELINK |
| ☐ DSS / County Programs | ☐ NC Medicaid / Managed Care | ☐ Workers' Comp |
| ☐ Private Pay | ☐ Other | |

Other brokers, plans, agencies, facilities, or networks

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6. DISPATCH & TECHNOLOGY

Primary Routing / Dispatch System *

Preferred Referral Method

Typical Referral Response Time

Referral Contact Name *

Referral Phone *

Referral Email *

☐ Receive referrals by email

☐ Receive referrals by text

☐ Accept recurring trips

7. CREDENTIALS & COMPLIANCE

☐ Drivers background checked

☐ Drivers subject to drug screening

☐ MVRs reviewed

☐ CPR / First Aid, if applicable

☐ PASS certified, if applicable

☐ Wheelchair securement training

☐ Commercial auto insurance

☐ General liability insurance

☐ Workers' compensation, if required

☐ Business licenses / registrations current

Additional credentials / certifications

8. REFERRAL PREFERENCES

Trips you generally do NOT accept / minimum trip requirements

Additional information for ProVital Transit

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9. TYPICAL PRIVATE-PAY RATES (OPTIONAL)

Ambulatory Base Rate

Ambulatory Per Mile

Wheelchair Base Rate

Wheelchair Per Mile

Stretcher Base Rate

Stretcher Per Mile

Wait Time

After-Hours / Other Fees

10. SUPPORTING DOCUMENTS

Before final approval, ProVital Transit may request a current Certificate of Insurance, W-9, broker credential documentation, certifications, or a capability statement.

11. CERTIFICATION & AUTHORIZATION

- ☐ I certify that the information provided is accurate and current.
- ☐ Application does not guarantee approval, referrals, trip volume, compensation, or a contractual relationship.
- ☐ My company is responsible for maintaining applicable licenses, credentials, insurance, certifications, and compliance.
- ☐ I will notify ProVital Transit of material changes to NPI status, credentials, insurance, broker participation, capabilities, or contact information.
- ☐ Referral information will be used only to evaluate, coordinate, or provide the referred transportation and handled according to applicable privacy requirements.

Authorized Representative Name *

Title *

Electronic Signature *

Date *

SUBMIT PARTNER APPLICATION

ProVital Transit may independently verify NPI status, credentials, broker participation, insurance, and other information before approving a provider.