

# Alliance for Community Transportation

## Non-Emergency Medical Transportation

### Health Care Provider Registration Form

Practice Name \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Practice/Office Manager \_\_\_\_\_ Contact Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Who should we contact if a client or vehicle is running late or other issue arises?

Contact Person \_\_\_\_\_ Contact Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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Are you interested in helping ACT to learn more about the region's transportation needs by tracking how many appointments are 'no shows' at your practice due to a lack of transportation?

Yes  No

Would you be willing to work with ACT and your clients to schedule your clients' appointments to make easier for them to arrange transportation?

Yes  No

Would you like copies of ACT's Community Transportation Directory for your office?

Yes  No

Would you like an ACT poster to hang in your office and inform your clients of the service?

Yes  No

### Instructions

To submit this form, please email it to [info@communityrides.org](mailto:info@communityrides.org). If you have any questions, please call Jeff Donald at 743-5777 ext. 120.