

## Department of Health NEMT Accident and Incident Report

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### DIRECTIONS

Complete this form for every accident and incident that occurs related to a New York State Medicaid non-emergency medical transportation (NEMT) trip.

An "accident" is defined as a vehicle colliding with another vehicle, a physical structure, an object, a person, or an animal.

An "incident" is defined as an occurrence, breakdown, or public disturbance that interrupts the trip, such as when a passenger or driver becomes unruly or ill.

This form is also used to disclose traffic violations and state drug law violations which occur during transport of a Medicaid member.

Please refer to the Accident and Incident Reporting Requirements on the transportation manager's website for detail on reportable events. This form must be electronically submitted to the transportation manager with 2 business days of the event.

The Department and transportation manager have the right to request additional information at any time.

Ambulance providers may submit the BEMS Reportable Incident Form (DOH-4461) in lieu of this form. This form does NOT replace any incident reporting forms required by federal, state, or municipal entities and/or insurance policies.

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### TRANSPORTATION PROVIDER INFORMATION

Company:

Contact Person:

Phone Number:

Medicaid Provider ID:

Level of Service (if your company provides multiple levels of service, select the level in use during the event):

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### DESCRIPTION OF ACCIDENT/INCIDENT

County:

Location Type:

Address:

If other, describe:

Date:

Time:

Driver Name:

Driver's License Number:

License Plate:

Trip Invoice Number:

Type of Accident/Incident:

Were any emergency services called?      Yes                  No

If yes, check all that apply:

Police

Ambulance

Fire

Tow truck

Was a police report or MV-104A filed?      Yes                  No

If yes, a copy must be provided to the transportation manager as soon as possible.

Report Number:

List the names of all vehicle occupants:

Was there an injury to any party?      Yes                  No

If yes, please indicate the party and describe the injury:

Please describe the event in detail:

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**CERTIFICATION**

I attest that this information is true to the best of my knowledge.

Reported by:

Date: