

INSTRUCTIONS
DHS 1139B (04/08)
NON-EMERGENCY GROUND TRANSPORTATION – TAXI CABS
ATTACHMENT

PURPOSE:

Form DHS 1139B shall be used by health care providers who provide non-emergency ground transportation. This form shall be submitted with a completed DHS 1139, Medicaid Application/Change Request Form.

INSTRUCTIONS:

1. Name of Business: Self Explanatory
2. Print name legibly: Self Explanatory
3. Signature: Self Explanatory
4. Date Signed: Self Explanatory