

**INSTRUCTIONS**  
**DHS 1139B (Rev. 08/10)**

**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 |