

NEMT SOP Implementation Package

Client Customization Questionnaire

Prepared by NEMT Growth Consultants

www.nemtgc.com

Thank you for purchasing the NEMT SOP Implementation Package. Please complete the questionnaire below as thoroughly as possible. This information will be used to customize your SOP Playbook and related documents.

Estimated Turnaround Time: 7–10 Business Days After Receipt of Completed Questionnaire.

Please note: Missing or incomplete information may delay customization and final delivery of your SOP package.

SECTION 1 – COMPANY INFORMATION

Legal Company Name:

DBA (Doing Business As), if applicable:

Owner Name(s):

Business Address:

City:

State:

Zip Code:

Business Phone Number:

Business Email Address:

Website:

Please provide your company logo:
(Upload or email separately)

States of Operation:

SECTION 2 – BUSINESS STRUCTURE

Business Structure:

- LLC
- Corporation
- Partnership

- Sole Proprietorship
- Other

EIN Obtained?

- Yes
- No

NPI Number (if applicable):

Current Business Status:

- Planning Stage
 - Startup (Not Yet Operating)
 - Operating Less Than 1 Year
 - Operating More Than 1 Year
-

SECTION 3 – SERVICES PROVIDED

Please select all services offered:

- Ambulatory Transportation
- Wheelchair Transportation
- Bariatric Transportation
- Stretcher Transportation
- Long Distance Medical Transportation
- Hospital Discharges
- Dialysis Transportation
- Behavioral Health Transportation

Veterans Transportation

Other

Please describe any additional services:

SECTION 4 – SERVICE AREA

Counties Served:

Cities Served:

Maximum Distance Willing to Travel:

Will you transport across state lines?

Yes

No

SECTION 5 – VEHICLE INFORMATION

Number of Vehicles:

Vehicle Types:

Number of Wheelchair Accessible Vehicles:

Vehicle Branding Status:

Fully Branded

Partially Branded

Not Branded

Planning to Brand

Do you conduct vehicle inspections?

Daily

Weekly

Other

SECTION 6 – REVENUE SOURCES

Please select all revenue sources:

- Medicaid Broker Transportation
 - Private Pay
 - Nursing Homes
 - Assisted Living Facilities
 - Dialysis Centers
 - Hospitals
 - Veterans Transportation
 - Workers Compensation
 - Facility Contracts
 - Other
-

SECTION 7 – BROKER INFORMATION

Current Broker Relationships:

- Modivcare
- MTM
- Verida
- SafeRide
- Southeastrans
- Access2Care
- Other

Planning to Contract with Brokers?

- Yes
- No

If yes, which brokers?

SECTION 8 – STAFFING

Number of Drivers:

Number of Dispatchers:

Number of Administrative Staff:

Do drivers complete daily vehicle inspections?

Yes

No

Do you currently maintain driver files?

Yes

No

Do you currently have written onboarding procedures?

Yes

No

SECTION 9 – OPERATIONS

Current Dispatch Method:

Paper

Spreadsheet

Dispatch Software

If using software, please specify:

Do you currently use any routing software?

Yes

No

If yes, which software?

Do you currently maintain:

Driver Files

Vehicle Inspection Forms

- Incident Reports
 - HIPAA Training Records
 - Wheelchair Securement Training Records
 - Drug & Alcohol Documentation
 - None of the Above
-

SECTION 10 – COMPANY POLICIES

Do you currently have written policies for:

- Attendance
 - Drug & Alcohol
 - Cell Phone Use
 - Vehicle Use
 - Passenger Assistance
 - HIPAA Compliance
 - Wheelchair Securement
 - Incident Reporting
 - Driver Conduct
 - Customer Complaints
 - None Currently
-

SECTION 11 – SOP CUSTOMIZATION REQUESTS

Are there any procedures you would like added to your SOP Playbook?

Are there any procedures you would like removed?

Are there any state-specific requirements that should be incorporated?

Any additional notes, requests, or special instructions?

SECTION 12 – FINAL DELIVERY

Preferred Delivery Format:

- Word
- PDF
- Both

Primary Contact Person:

Best Email Address for Final Delivery:

Additional Email Recipient(s):

CONFIDENTIALITY NOTICE

Information submitted through this questionnaire will be used solely for the purpose of customizing and delivering your NEMT SOP Implementation Package. NEMT Growth Consultants will maintain the confidentiality of all business information provided and will not disclose such information to third parties except as necessary to complete your project or as required by law.

CLIENT ACKNOWLEDGMENT

I certify that the information provided is accurate to the best of my knowledge and understand that incomplete information may delay customization and delivery.

Client Name:

Signature:

Date: