



**AFFIRMATION OF CONTRACT/AGREEMENT BETWEEN  
AMBULANCE SERVICE AND ADVANCED LIFE SUPPORT FIRST RESPONSE SERVICE**

*Please complete the attached if your company is currently engaged in a contract or agreement with an Advanced Life Support First Response Service (ALSFR). This form should be completed only by representatives of the ambulance service. This information shall be submitted annually by January 31, and anytime changes or additions are necessary; and will serve as affirmation of such contract or agreement; a copy of which shall be retained by the ambulance service to be provided upon request to representatives of the Department. This form shall be submitted to the Director of the Medicaid Transportation Policy Unit via email to [MedTrans@health.state.ny.us](mailto:MedTrans@health.state.ny.us) or fax to (518) 486-2495.*

DATE: \_\_\_\_\_

AMBULANCE SERVICE NAME:		PROVIDER NPI#:
AMBULANCE SERVICE DOH LICENSE #:		
SERVICE ADDRESS:		
PERSON COMPLETING THIS FORM:	TELEPHONE #	EMAIL ADDRESS:

	ALSFR NAME Please Print	ALSFR DOH LICENSE NUMBER	AGREEMENT TIME PERIOD	
			From	To
1.				
2.				
3.				

*This information must be submitted to the Department annually by January 31, and whenever an addition or change is necessary.*