

# Application Checklist

## Ambulance

Please use this checklist as a guide when completing the requirements to become a participating provider with Tufts Health Plan. For questions, please contact the Tufts Health Plan Allied Health Contracting Department at 888-880-8699, extension 43145.

Please email documents to:  
[AlliedContracting@tufts-health.com](mailto:AlliedContracting@tufts-health.com)

Or fax to:  
617.673.0909

To facilitate review of your application, please return all materials together.

### Application Checklist

- A completed [Ancillary Provider Application](#)
- A completed and signed [W-9 form](#)
- A copy of the provider's Department of Public Health's Office of Emergency Services license(s)
- Proof of Medicare participation; for example, a Medicare award letter
- A copy of controlled substance license(s)
- A copy of articles of organization/incorporation

*Please also include:*

#### Ground Ambulance

- A copy of your current certificate of general liability insurance, including EMT professional liability in the amounts of \$1,000,000 per incident and \$2,000,000 aggregate
- A copy of your current certificate of automobile liability insurance with annual limits of \$1,000,000

OR

#### Air Ambulance

- A copy of your air carrier certificate
- A copy of your current aircraft liability insurance in the amount of \$5,000,000 combined single limit, bodily injury, and property damage, with no passenger sublimits

### For More Information

Corporate Office  
888-880-8699

Allied Health Provider Inquiries  
888-880-8699, ext. 43145

[tuftshealthplan.com/providers](https://tuftshealthplan.com/providers)