

Ground Ambulance Assessment and Payment Program Type of Ownership Checklist

Please provide a response to each question below and include explanations and supporting documentation where indicated.
If the public (governmental) ownership checklist was previously submitted for the public UPL program and there has been no change in ownership status, this checklist is not required.

Provider Name: _____
Georgia Medicaid Provider No. (if applicable): _____

**Management's
Representation**

1) Is the ambulance provider currently licensed by the State of Georgia to provide ambulance services? If yes, enter the provider name and license number as listed on the Georgia license: Yes No
 Provider name as listed on Georgia license: _____
 Georgia ambulance license number: _____

2) Is the ambulance service owned by a unit of government or a healthcare provider that is owned by a unit of government, i.e. a county-owned hospital? *Note: A lease of physical assets by a private organization does not constitute government ownership of the provider.* Yes No

a) If yes, what unit of government owns the ambulance service?

- Public (Governmental) Hospital Authority
- State
- City
- County
- Municipal or County Fire Department
- Special Purpose District
- Other Governmental Unit (Specify): _____

b) If yes, complete questions 3 through 5. If no, skip questions 3 through 5.

If the answer to question 2 is "No", skip questions 3 through 5.

3) Does the unit of government that owns the ambulance service appropriate funding to the ambulance service? Yes No

a) **If yes**, please attach documentation such as a city or county ordinance, board meeting minutes, an appropriation report for the ambulance service fund for the current year, or other form of documentation describing the funding arrangement.

Description of attachment: _____

b) **If no**, please explain how the ambulance service is funded and what role, if any, the unit of government plays in providing that funding.

Explanation: _____

4) Does the governmental unit have legal liability for the operation of the ambulance service? Yes No

5) Does the ambulance service have the ability to make intergovernmental transfers (IGTs) to the state either directly or through the unit of government identified in the response to question 2.a? Yes No

Certification Statement: This is to certify that the information contained herein, including any exhibits, schedules, and explanations is true, accurate and complete. Representations concerning all items have been adequately disclosed. I understand that this information is submitted for the purpose of developing an assessment and payment program under the Georgia Medicaid Program, and that ultimate payment and satisfaction of claims will be based upon the information contained herein. I understand that any false claims, statements, or documents or concealment of material fact may be prosecuted under applicable federal or state law. Declaration of preparer is based on all information of which the preparer has any knowledge.

Printed Name of Authorized Person: _____ Title/Position

Signature of Authorized Person: _____ Date

Printed Name of Preparer (if applicable): _____ Title/Position

Signature of Preparer (if applicable): _____ Date