



**Welcome to LCP Transportation, LLC. Below you will find the step-by step process your company will need to go through to be a part of LCP's approved vendor list. Please read carefully and direct any questions to:**

#### Vendor Relations

LCP Transportation LLC

4308 Guion Rd. Ste. D

Indianapolis, IN 46254

[vendorsupport@lcptransportation.com](mailto:vendorsupport@lcptransportation.com)

PH: (317) 291-9318 x 133

Step One: Fill out LCP Transportation's application, including attachment A. You may send the completed application via mail, e-mail or fax to Lela Anthony.

Step Two: You will receive a LCP Transportation Vendor Agreement, via e-mail or fax, within forty-eight (48) hours of your vendor application being approved. If your vendor application is incomplete, a LCP representative will notify you of the missing information before you may move forward in the process.

Step Three: After you have read over LCP's Vendor Agreement, please contact Lela Anthony to discuss any questions you may have. Once all of your questions have been answered, please send the completed Vendor Agreement to LCP Transportation. You must send the agreement by mail to the attention of Lela Anthony, Transportation Logistics Manager.

Step Four: LCP Transportation will conduct an onsite inspection of your company's operations to ensure you meet LCP's standards and have all appropriate credentials. Once your company has passed its onsite inspection and LCP Transportation has collected all necessary credentials, you will be placed on LCP Transportation's Approved Vendor to Use List.

Step Five: Once you have been approved and placed on LCP Transportation's Approved Vendor to Use List, you will be contacted by a LCP representative who will explain the process of how LCP operates, what to expect, what trips you may receive, and how to properly bill LCP for completed trips.



# LCP Transportation LLC Vendor Application

Company's Legal Name: \_\_\_\_\_

Type of business: Corporation  Partnership  LLC  Sole Proprietor

**1. Name(s) of Company Owners (include any individual with an equity stake in the company and their percent of ownership.)**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**2. Name of Company Managers or Supervisors (including, but not limited to, Officers and Directors.)**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**3. Has the company had business transactions with any transportation broker during the past 12-month period?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the broker's name and how long you have been a provider for this company.

\_\_\_\_\_  
\_\_\_\_\_

4. **What is your Federal Tax ID #:** \_\_\_\_\_

5. **If sole proprietorship, provide SSN#:** \_\_\_\_\_

6. **If Not For Profit, provide "Tax Exempt" #:** \_\_\_\_\_

7. **What is your State Medicaid provider #:** \_\_\_\_\_

*(Having a Medicaid ID number is mandatory to become a vendor for LCP Transportation, LLC)*



8. **Please Provide Your Company's Contact Information**

Company's Main Office Address \_\_\_\_\_

Phone Number including area code \_\_\_\_\_

After Hours Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Base County \_\_\_\_\_

9. **What are your days and hours of regular transportation service?** \_\_\_\_\_

10. **How long have you provided Non-Emergency Medical Transportation (NEMT) Services?** \_\_\_\_\_

11. **How many vehicles does the company currently have in operation?** \_\_\_\_\_

- What type of vehicles? (Example: # of vans, # of Sedans and # of Para lift vans.)

12. **Do you have ADA Compliant Wheelchair Vans?** \_\_\_\_\_

13. **Do you provide child, infant and booster car seats?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the number you have on hand below:

\_\_\_\_\_ Infant car seats

\_\_\_\_\_ Child car seats

\_\_\_\_\_ Booster car seats

14. **How many one-way trips does the company currently provide on a weekly basis?** \_\_\_\_\_

15. **Are you currently able to accept urgent care trips (less than 24-hour notice)?** Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Please fill out attachment A and return it to LCP Transportation with this application. \*\***



LCP Transportation LLC

## Attachment A

The purpose of this page is to let vendors notify LCP of which counties your company would like to transport members. LCP agrees to reimburse \_\_\_\_\_ (Vendor) for transportation services requested by LCP. It is LCP's intention to utilize Vendor non-exclusively for ambulatory and non-ambulatory transportation. Please list the counties in which your company has drivers physically located. These counties will be referred to as your occupied counties.

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Of the occupied counties listed above, which counties would your company be interested in transporting ambulatory trips?

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Of the occupied counties listed above, which counties would your company be interested in transporting non-ambulatory trips (wheelchair trips)?

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LCP understands \_\_\_\_\_ county to be the physical location of Vendor's transportation operations. Unique or special requests will be handled and priced on a per case basis.

Please provide LCP Transportation with any other counties you would be interested in providing transportation without unloaded miles/dead head miles.

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Please provide LCP Transportation with any other counties you would be interested in providing transportation with unloaded miles/dead head miles.

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