

Medicaid Transportation Provider Documentation Addendum

North Carolina _____ County Department of Social Services

<http://oig.hhs.gov/exclusions/index.asp>

Results of OIG Federal Inquiry:

Circle One: No Match Found Organization or Business Owner Manager

Name of individual/entity which resulted in an exclusion match:

Exclusion Code _____

Transportation Coordinator/Designee Signature:

Date _____

<https://providertracking.dhhs.state.nc.us/default.aspx>

Results of NC DHHS Provider Penalty Tracking Database

Circle One: No Match Found SSN Owner

Name of owner and/or SSN of owner which resulted in an exclusion match:

Exclusion Reason (Action Issued):

Transportation Coordinator/Designee Signature:

Date _____