

## **TRAUMA CARE ASSISTANCE REVOLVING FUND** **Checklist for Submission – EMS**

Documents must be uploaded to Box account by COB on the deadline. All requirements must be submitted and met to be eligible for reimbursement.

- Signed and notarized Memorandum of Agreement (MOA). One MOA per physician group is acceptable. When submitting to Box, scan the original notarized MOA and upload.
- Excel document: EMS Claim Form labeled with the organization name, application period, and contact information for the designated point of contact. All claims for a physician group should be submitted on one Excel document, grouping each case by one procedural code per row. Be sure to include the license number in the designated column.
- Copy of the Patient Care Report for each case submitted, in the order listed on the EMS Claim Form.
- Medicare Remittance Notice (Explanation of Benefits) for the corresponding time period of the Trauma Fund application. The Notice must reflect Medicare allowable for each emergency ambulance run and mileage.
- Updates completed on the [OMES Supplier Portal](#), if applicable. If your organization had any listed change below in the last six months, click the link above and follow instructions to update your information:
  - Ownership
  - Address
  - Tax ID number
  - Name of organization
  - Invoicing point of contact