

Company Credentialing Checklist



PROVIDER INFORMATION	
Provider Name:	
Date of Audit:	
Auditor Name:	
Type of Audit: <input type="checkbox"/> Credentialing <input type="checkbox"/> Re-credentialing	

COMPANY				
Provider Legal Name:				
Livery License *:				
Livery License Number:				
Livery License Type:				
Number of Vehicles:				
"Doing Business As" / DBA *:				
Topic	Yes	No	N/A	Comment
Evidence of DBA registration/license *				
National Provider ID # www.npidb.org *				
Declaration/Disclosure of Ownership *				
Provider has a telephone line				
Provider has ability to send and receive fax transmissions				
Company vehicle maintenance plan including method of tracking				
Procedure for checking status of driver license endorsements on at least a monthly basis.				
Electronic list of drivers in accordance with template *				
Electronic list of vehicles in accordance with template *				
INSURANCE				
Topic	Yes	No	N/A	Comment
Auto Liability: \$1,000,000 *				
General Liability: \$1,000,000 *				
Workers Compensation:				
DRUG AND ALCOHOL PROGRAMS				
Topic	Yes	No	N/A	Comment
Drug Free Workplace Statement *				

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COMPANY TRAINING PROGRAMS				
Topic	Yes	No	N/A	Comment
Training Plan for: <ul style="list-style-type: none"> • Company SOP's • Emergency situations • Accident/Incident reporting • Driving skills and Road test 				
Training Plan for: <ul style="list-style-type: none"> • DSS contract requirements • Veyo approval for change in pick-up, drop-off • Service area/rules • Passenger assistance (boarding, door-to-door, hand-to-hand [as required]) 				
Training Plan for customer service, cultural competency, ADA sensitivity				
Training plan for Compliance, FWA, HIPAA				
Training plan for infant/child restraint regulations				
Training plan for drivers of wheelchair vehicles - wheelchair securement and lift operations (if applicable)				



* requires retrieving a copy of the documentation to upload into the Veyo Portal

I am attesting that the above requirements are met and have been reviewed with Veyo's representative.

Provider Representative (print): _____

Signature: _____

Date: _____

I am attesting that I have reviewed the evidence to support the requirements listed above and that the provider has met these requirements.

Veyo Representative (print): _____

Signature: _____

Date: _____

Last Updated: 10/25/17
 Last Formatted: 10/20/2017