

# interChange Provider Important Message

**Attention: Individuals / Facilities Enrolled as CMAP Providers of Medical Services to Medicaid Members utilizing the state sponsored Non-Emergency Medical Transportation (NEMT) services.**

This Important Message provides a link to LogistiCare's updated version of the *Quality of Care/Quality of Transportation Service Referral Form*. This form should be used to file a complaint about the Non-Emergency Medical Transportation services a patient of yours received. Complaints submitted on the Quality of Care/Quality of Transportation Service Referral Form can be filed via fax or e-mail and you will receive a response back in the same manner within five business days from the date of receipt. You should express your dissatisfaction with NEMT services, being as specific as you can be, when you file your complaint. Please click on the link below for the form and additional information.

[Quality of Care Form/Quality of Transportation Service Referral Form](#)

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