PINTIG
TRANSPORTATION WITH CARE

www.pintig.us
(858) 205-3000
NEMT Client Porta

Non-Emergency Medical Transportation (NEMT)

Client Portal Account Application Form

Facility Information

Facility Name:	**Main Phone Number:**	**Facility Email Address:**
Facility Address:		**Facility Type:** ☐ Hospital ☐ SNF ☐ Clinic ☐ ARF ☐ Other: _____
NPI (if applicable):	**Medi-Cal Provider # (if applicable):**	**Facility Capacity (optional):**

Facility Admin Contact

Primary Admin Name: **Job Title:**	**Email Address:**	**Direct Phone Number:**
Additional Authorized Users (optional)		
Name:	**Email:**	**Direct Phone Number:**
Name:	**Email:**	**Direct Phone Number:**

Payment Preference

Preferred Payment Method: ☐ Invoice ☐ Pay-Per-Trip via Credit Card ☐ Other: _____	**Note: If paying by credit card, a secure payment link will be sent separately for setup. Do not provide credit card details on this form.**

Facility Admin Acknowledgment & Signature

By submitting this form, I certify that the information provided is true and accurate. I acknowledge that this account will be used solely for scheduling and managing Non-Emergency Medical Transportation through Pintig LLC's Bambi platform.

Signature: _____

Print Name: _____ ***Date:*** _____

Office Use Only (Pintig Admin)

Facility Account Created : ☐ Yes ☐ No **Username Sent : ☐ Yes** **Password Info Sent : ☐ Yes** **Linked to Contract : ☐ Yes**	**Admin:** **Notes:**

Submit form to: Pintig.US@Outlook.com
Or fax to: (858) 206-3002