



PROVIDER REFERRAL AGREEMENT

Template for Waiver Providers, Support Coordinators, and Community Organizations

This Provider Referral Agreement (“Agreement”) is entered into between Covered Journey Transportation Co. (“Company”) and the provider, agency, or organization identified below (“Referring Provider”).

Referring Provider/Agency Name: _____

Provider Type (Support Coordination, Waiver Provider, Day Program, Other):

Authorized Contact: _____

Phone / Email: _____

Effective Date: _____

1. Purpose

This Agreement establishes a professional working relationship through which the Referring Provider may inform families, support coordinators, or individuals it serves about the availability of Covered Journey Transportation Co.'s services, and through which both parties may coordinate care for shared Clients.

2. Referral Process

- The Referring Provider may share Covered Journey Transportation Co.'s contact information and service description with families or individuals who may benefit from specialized transportation.
- All referred individuals must independently complete the Company's standard intake process, including the Client Intake Form and Transportation Services Agreement, before services begin.
- The decision to use Covered Journey Transportation Co.'s services rests solely with the individual, family, or their legal representative.

3. No Payment for Referrals

Neither party shall pay, offer to pay, or accept any fee, commission, gift, or other form of remuneration in exchange for referrals made under this Agreement. This Agreement does not create an exclusive referral relationship, and both parties remain free to refer or work with other providers. The parties intend for this Agreement to comply with applicable



Georgia and federal laws governing patient referrals, including anti-kickback and fee-splitting prohibitions applicable to Medicaid waiver services. Each party is responsible for ensuring its own compliance with applicable law, and either party should consult its own legal counsel regarding specific regulatory obligations.

4. Coordination of Care

- The Company will communicate with the Referring Provider regarding scheduling, attendance, and safety concerns for shared Clients, with appropriate family/guardian consent.
- The Referring Provider will share relevant information needed for safe and effective transportation, consistent with applicable privacy laws and consent from the Client or Client Representative.

5. Confidentiality

Both parties agree to handle shared Client information in accordance with applicable privacy laws and the Company's Privacy and Confidentiality Policy, sharing information only as necessary to coordinate care.

6. Independent Contractor Relationship

Nothing in this Agreement creates an employment, partnership, joint venture, or agency relationship between the parties. Each party operates as an independent organization responsible for its own staff, services, and compliance obligations.

7. Term and Termination

This Agreement remains in effect until terminated by either party with written notice. Termination of this Agreement does not affect transportation services already in place for individual Clients under their own Transportation Services Agreement.

8. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Georgia.



COVERED JOURNEY TRANSPORTATION CO.

Where Every Journey Is Covered With Care

Covered Journey Transportation Co. Representative

Date

Date

Date

Referring Provider Representative

Date

Date

Date