

**Ohio Department of Public Safety
Division of Emergency Medical Services**



**Medical Transportation Licensing System
Ambulance, MoCU, and Air Medical
Online Application - User Guide**



January 2020

Contents

Identity Manager	1
MTLS Online System Home Page	2
Overview	2
Apply for a new Medical Transportation License	3
Select the Service Type	4
Completing the Application	5
Tab 1 (Details)	5
Tab 2 (Medical Director)	6
Tab 3 (Contacts and Executives)	8
Tab 4 (Service Area)	10
Tab 5 (Satellites)	11
Tab 6 (Vehicles)	12
Tab 7 (Insurance)	14
Tab 8 (Document Upload)	16
Tab 9 (Confirmation Page)	17
Tab 10 (Invoice and Payment)	18
Payment Options	19

NOTE: It is the medical transportation services responsibility to keep the Contact, Executive and Insurance information up-to-date.

Communications regarding your medical transportation license will be emailed to the contacts and/or executives.

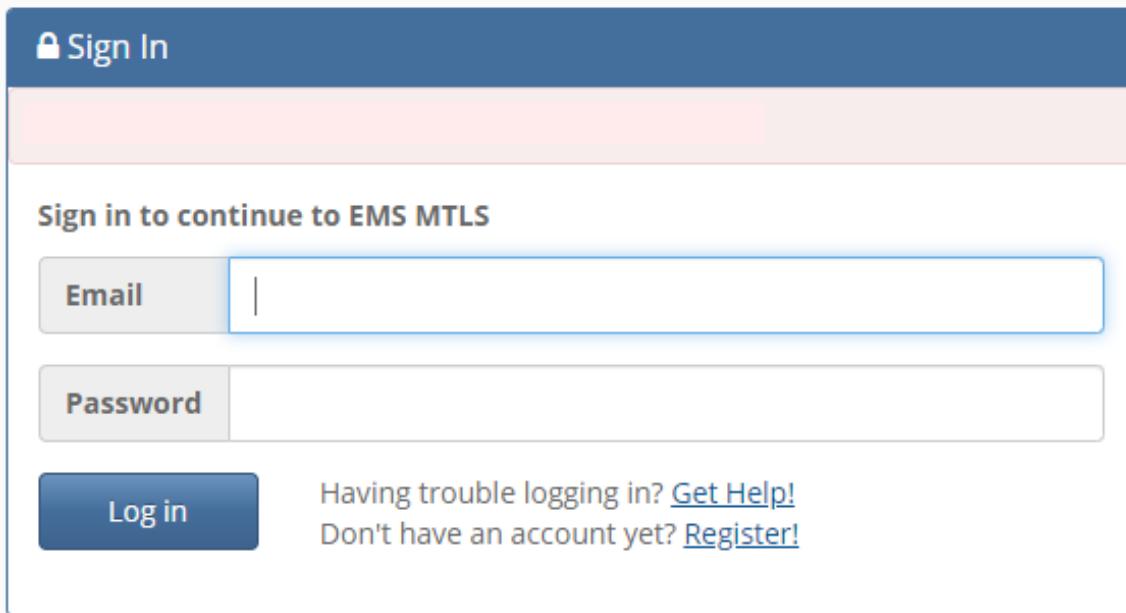
Identity Manager

Log into Identity Manager using the following link: <https://services.dps.ohio.gov/EMSMTLS/>

If you have not registered with Identity Manager you will need to do so before you can proceed.

For help registering, go the Ohio EMS webpage, Medical Transportation section, then

MTLS Online “How To” for information.



The screenshot shows the sign-in page for the ODPS Identity Manager. The title "ODPS Identity Manager" and subtitle "Single sign-on for the Ohio Department of Public Safety" are at the top. A "Sign In" button with a lock icon is on the left. The main area has a pink header bar. Below it, the text "Sign in to continue to EMS MTLS" is displayed. There are two input fields: "Email" and "Password". To the left of the "Log in" button, there is a link "Having trouble logging in? [Get Help!](#)". Below that is another link "Don't have an account yet? [Register!](#)".

MTLS Online System Home Page

The screenshot shows the MTLS Online System Home Page. At the top left is a 'Home' link. Below it are two main sections: 'New Service Application' (with a sub-note 'To submit new service application.') and 'Active / Pending Service Application(s)' (with a table header row: Service Code, Service Name, Type of service, Effective Date, Expiration Date, Status, Action). Below these is another section: 'My Profile' (with a sub-note 'To view your user profile and request access to additional service(s).') and 'Submitted / In process Application' (with a table header row: Service Code, Service Name, Type of service, Effective Date, Expiration Date, Status, Action). At the bottom of the page, a footer note says 'Question regarding the EMS MTLS, please email: medicaltransportation@dps.ohio.gov Or call 800.233.0785 and ask for an EMS MTLS Coordinator' followed by links to 'Disclaimer', 'Privacy Policy', 'Ohio EMS', and 'Contact Us'.

Overview

1. New Services Application

- To apply for a new Ambulance / MoICU, or Air Medical license.

2. Manage Access

- This area allows the administrator to grant access to add up to 3 users.
 - *This option will only appear IF you are the admin of a service.*

3. My Profile

- To request access to be the administrator of an existing service.

4. Active / Pending Application(s)

- This area displays the service(s) that you have access to.

NOTE: Hovering over the “Action” area will allow you to:

1. View details of the application
2. Update the application
3. Show when you are eligible to renew

5. Submitted / In Process Application(s)

- This area shows pending, draft or in process applications.

Apply for a new Medical Transportation License

New Service Application

[To submit new service application.](#)

- The following pop up box will automatically appear. The pop up provides you with required information you will need in order to complete an application.
- Please check the box at the bottom of the page indicating that you have read and understand the information. Click on “Start Application” to begin.

New Service Application Requirements X

Before proceeding with this application, please ensure the following:

1. You have read and understand the licensing requirements in Sections 4766 of the Ohio Revised Code and Ohio Administrative Code;
[ORC 4766 | OAC 4766](#)
2. You have your Federal Tax ID Number or E.I.N
3. The following documents will be needed to upload into the application:
 - Certificate of Insurance
 - Blank Trip/Run Report
 - Color Photo of the Vehicle
4. Certificate of Insurance
 - General Liability (Min. \$500,000 each occurrence and General Aggregate)
 - Vehicle Liability (Min. \$350,000 combined single limit each occurrence or Min. \$100,000 bodily injury / person, \$300,000 / accident, \$50,000 property)
 - Insured name and address is the same as on the application
 - Thirty (30) day cancellation notice
 - State Board of Emergency Medical, Fire, and Transportation Services 1970 West Broad St. Columbus, Ohio 43223 is listed as certificate holder.
5. Fees:

Service License Fee:	\$100
Ambulance:	\$200 per vehicle
Mobile Intensive Care Unit:	\$200 per vehicle
Non-Transport Vehicle:	\$200 per vehicle
Ambulette:	\$100 per vehicle
Medical Aircraft:	\$200 per vehicle

I have read and understand the application requirements

Cancel Start Application

Select the Service Type

- Ambulance / MoICU
- Air Medical

[Home](#) / New Service Application

New Service Application

Select a Service Type
Each service type requires a separate application

 Ambulette (Wheelchair Transport)

 Ambulance / MoICU

 Air Medical

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Before starting an application: (Please note the following)

- ✓ The **RED *** indicates required fields.
- ✓ In order to move to the next tab of the application all required information must be completed.
- ✓ The information will be saved when you “save and continue” or “save and close” the application. When you return to the application, you can go directly to where you left off.
- ✓ If you cancel the first page of the application before saving, the application will be lost.
- ✓ Draft applications or applications that have not been submitted must be submitted within thirty (30) days from when the application was started or it will be automatically be deleted.

Completing the Application

Tab 1 (Details)

Home / Service Details



Service Details Save and Close

Service Details * Denotes Required Field

Service Name*	Federal Tax ID*	Highest Level of Service*	
<input type="text"/>	<input type="text"/> 99-9999999	Ambulance	
Phone Number*	Ext	Fax Number	Organization Type*
<input type="text"/> (999) 999-9999	<input type="text"/>	<input type="text"/> (999) 999-9999	<input type="radio"/> Privately Owned <input type="radio"/> Publicly Owned <input type="radio"/> Hospital Owned <input type="radio"/> University Owned <input type="radio"/> Other
Two-Way Communication (Dispatch)*	Two-Way Communication (Medicall)*	Dispatch Manned 24 Hours Per Day*	Cell Phone*
<input type="radio"/> Yes <input type="radio"/> No			
Medicall Number	Ambulance Transport Count*		
<input type="text"/>	<input type="text"/> 0		
DBA Names	<input type="text"/> Add		

Physical Address

Address*	Address 2	Zip*
<input type="text"/>	<input type="text"/>	<input type="text"/> 99999
City*	State*	County
<input type="text"/>	<input type="text"/>	Non-Ohio

Mailing Address Same as Physical Address?

Mailing Address*	Mailing Address 2	Mailing Zip*
<input type="text"/>	<input type="text"/>	<input type="text"/> 99999
Mailing City*	Mailing State*	
<input type="text"/>	<input type="text"/>	

Cancel Save and Continue ►

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Tab 2 (Medical Director)

- Ambulance / MoICU and Air Medical must supply information about their Medical Director.
- Please provide business contact information.
- When you click on “Save and Continue”, a pop up box will automatically appear.
- In order to proceed, the service must attest that their medical director meets the requirements of a medical director pursuant to Section 4765-3-05 of the Ohio Administrative Code.

Home / Medical Director

Service Name: ABC Ambulance Service Code: Unassigned Service Type: Ambulance/MoICU Status: Draft New

Service Type Details Medical Director Contacts Service Area Satellites Vehicles Insurance Documents Confirmation Invoice Complete

Medical Director Save and Close

First Name* Middle Initial Last Name* License Number* Business Phone Number*
* Denotes Required Field

Business Address* Address 2 Business Email Address*

City* State* Zip*

Cancel Save and Previous Save and Continue

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Medical Director Attestation

X

Medical directors and assistant medical directors must meet ALL of the following qualifications:

1. Possession of a valid Ohio medical license;
2. Active involvement in the provision of emergency care to patients;
3. Active participation with one or more EMS organizations, including but not limited to:
 - Conducting performance improvement programs;
 - Conducting education programs;
 - Conducting protocol updates.

Medical director must possess one of the following:

4. Board certification by the "American Board of Emergency Medicine" or the "American Osteopathic Board of Emergency Medicine";
5. Board eligibility by completion of an emergency medicine residency program recognized by the "American Board of Medical Specialties" or the "American Osteopathic Association";
6. Board certification by a medical specialty board recognized by the "American Board of Medical Specialties" or the "American Osteopathic Association," followed by successful completion of an emergency medical services fellowship;
7. Board certification by the "American Board of Pediatrics" or the "American Osteopathic Board of Pediatrics," followed by successful completion of a pediatric emergency medicine fellowship program accredited by the "Accreditation Council for Graduate Medical Education" or the "American Osteopathic Association Program and Trainee Review Council";
8. Subspecialty board certification by the "American Board of Emergency Medicine" in emergency medical services.

Current Medical Directors:

If you are a current medical director but do not possess one of the requirements listed above, (4), (5), (6), (7), or (8), but meets the qualifications in (1), (2), and (3) you must:

- A. Show completion of a medical directors course approved by the EMFTS board; and
- B. Submit to the board written verification of EMS medical director experience and verification that the individual conducted performance improvement programs or training.

New Medical Directors:

A physician who meets the qualifications in (1), (2), and (3) but does not possess one of the requirements listed above in, (4), (5), (6), (7), or (8), and wishes to become a new medical director shall do all of the following:

- A. Complete an EMS medical director's course approved by the board. A list of courses which have been reviewed and deemed acceptable by the board is available at http://ems.ohio.gov/ems_rpab.stm;
- B. Petition the board for a waiver of the emergency medicine residency program requirement. The state medical director, in conjunction with the RPAB chairs, will review the petition for waiver and make a recommendation to the board;
- C. Submit any and all additional information or documents requested by the board, the state medical director, or the RPAB chairs to support the petition.

Additional qualifications of all Medical Directors:

- A. Evidence of high ethical standards and no conflicts of interest;
- B. Utilizes aggregate data from the division in peer review and quality improvement programs at the local level;
- C. Required to participate in peer review and quality improvement programs, as provided in section 4765.12 of the Revised Code.

I have read the qualification requirements for a physician to service as Medical Director and attest that the physician that serves as medical director for my EMS agency meets or exceeds the requirements.

[Close](#)

[Save changes](#)

Tab 3 (Contacts and Executives)

- Click on “Add Contacts” to add up to 3 individuals who will receive correspondence from the Medical Transportation section regarding your medical transportation service. One contact must be designated as primary.
- Click on “Add Executives” to add up to 5 people.

NOTE: It is the medical transportation services responsibility to keep the contact and executive information up to date. Communications regarding your medical transportation license will be e-mailed to the contacts and/or executives.

Home / Service Contacts

Service Name: ABC Ambulance Service Code: Unassigned Service Type: Ambulance/MoICU Status: Draft New

Service Type Details Medical Director Contacts Service Area Satellites Vehicles Insurance Documents Confirmation Invoice Complete

Service Contacts

Contacts

No Contacts Present

You must add at least 1 contact before moving on

Executives

No Executives Present

You must add at least 1 executive before moving on

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Tab 3 (Continued)

Contact Details

* Denotes Required Field X

First Name*	Middle Initial	Last Name*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Phone Number*	Ext	Business Email*
<input type="text" value="(999) 999-9999"/>	<input type="text"/>	<input type="text"/>

Close Save

Executive Details

* Denotes Required Field X

First Name*	Middle Initial	Last Name*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title*	Business Phone Number*	Business Email*	
<input type="text"/>	<input type="text" value="(999) 999-9999"/>	<input type="text"/>	
Mailing Address		<input type="checkbox"/> Same as Service Address?	
Business Address*	City*	State*	Zip*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="99999"/>

Close Save

Tab 4 (Service Area)

- Hover over and click on the county(ies) of your primary service area.

Home / Service Area

Service Name: ABC Ambulance Service Code: Unassigned Service Type: Ambulance/MoICU Status: Draft New

Service Type Details Medical Director Contacts Service Area Satellites Vehicles Insurance Documents Confirmation Invoice Complete

Service Area

* Denotes Required Field

Does your Service serve all Ohio counties? Yes No

Please select the counties your agency primarily services.

Cancel Save and Previous Save and Continue

Tab 5 (Satellites)

- A satellite location is a company owned physical address where employees report to work and vehicles are housed other than the headquarters location.
- To add a satellite location(s), click on “+Add Satellite”.
- Add the satellite information where indicated then select “Save”. Follow the same process for adding additional satellite locations.
- When finished adding satellite locations, click on “Save and Continue”.

Home / Service Satellites

Service Name: ABC Ambulance Service Code: Unassigned Service Type: Ambulance/MoCU Status: Draft New

Service Type Details Medical Director Contacts Service Area Satellites Vehicles Insurance Documents Confirmation Invoice Complete

Satellites Save and Close + Add Satellite

Satellites
No Satellites Present

Cancel Save and Previous Save and Continue

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Satellite Details * Denotes Required Field X

Business Address*	Address 2	Zip*
<input type="text"/>	<input type="text"/>	<input type="text" value="99999"/>
City*	State*	County Non-Ohio
<input type="text"/>	<input type="text"/>	
Contact First Name	Middle Initial	Contact Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Business Phone Number	Contact Business Email	Vehicle Count*
<input type="text" value=" (999) 999-9999"/>	<input type="text"/>	<input type="text"/>

Close Save

Tab 6 (Vehicles)

- You must have at least one vehicle in order to be licensed.
- To add a vehicle, click on “Add Vehicle”.
- Add required vehicle information where indicated then select “Save”. Follow the same process for adding additional vehicles.
- When finished adding vehicles, click on “Save and Continue”. You will proceed to the next tab.

Home / Service Vehicles

Service Name: ABC Ambulance Service Code: Unassigned Service Type: Ambulance/MoICU Status: Draft New

Service Type Details Medical Director Contacts Service Area Satellites Vehicles Insurance Documents Confirmation Invoice Complete

Vehicles Save and Close

Vehicles

No Vehicles Present

You must add at least 1 vehicle before proceeding

+ Add Vehicle

Cancel Save and Previous Save and Continue

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Tab 6 (Continued)

For Ambulance/MoICU Vehicles (Option of Ambulance, MoICU and Non-Transport)

Vehicle Details * Denotes Required Field 

Vehicle Type*	Year*	Make*	Model*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VIN*	Odometer*	License Plate	Service Vehicle Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Close Save

For Air Medical Vehicles (option of Fixed Wing or Rotor Wing as vehicle type)

Vehicle Details * Denotes Required Field 

Vehicle Type*	Year*	Make*	Model*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tail Number*	Airframe Hours*	Service Vehicle Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

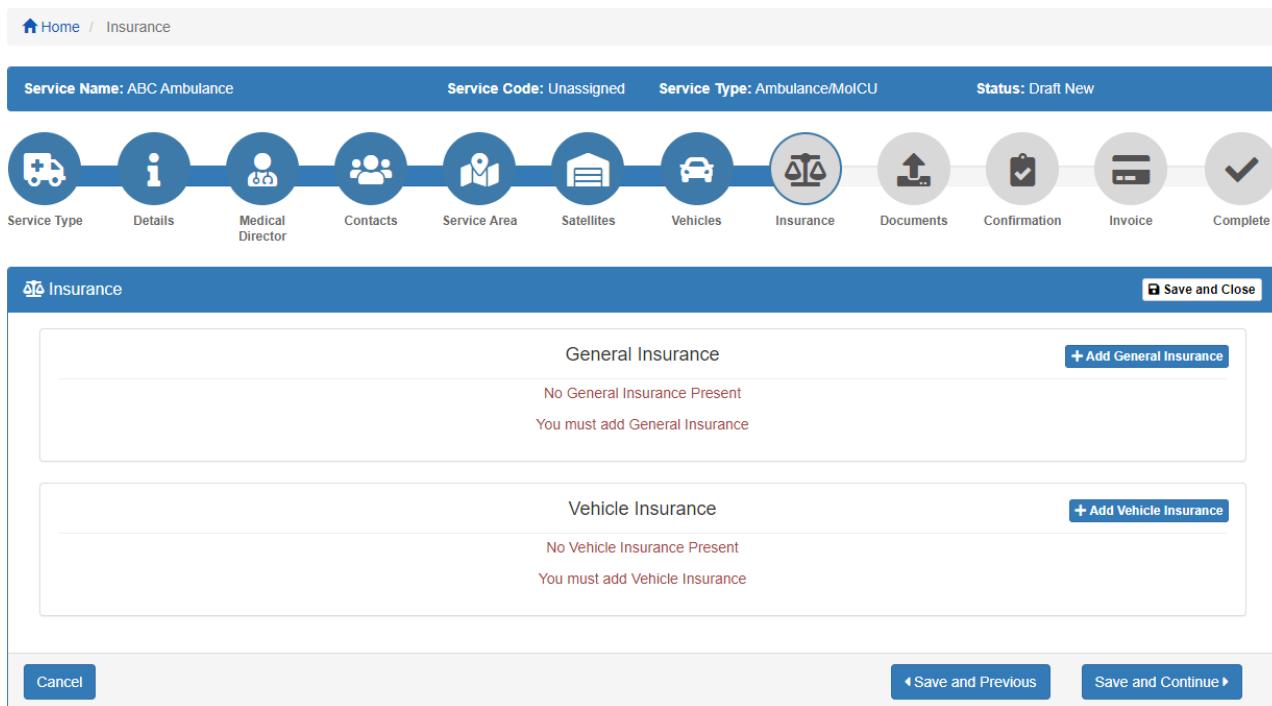
Close Save

Tab 7 (Insurance)

- Add General Liability and Vehicle Liability insurance. The information must match the Certificate of Insurance that will need to be uploaded in Tab 8.

****Licensed services must maintain General and Vehicle insurances at all times****

**** The insurance information must be kept up to date in the MTLS online system****



Service Name: ABC Ambulance Service Code: Unassigned Service Type: Ambulance/MoLCU Status: Draft New

Service Type Details Medical Director Contacts Service Area Satellites Vehicles Insurance Documents Confirmation Invoice Complete

General Insurance + Add General Insurance

No General Insurance Present
You must add General Insurance

Vehicle Insurance + Add Vehicle Insurance

No Vehicle Insurance Present
You must add Vehicle Insurance

Cancel Save and Previous Save and Continue

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General Insurance Details

* Denotes Required Field

Policy Number*

Effective Date*

Expiration Date*

General Insurance Company*

General Insurance Agent*

This policy includes a minimum \$500,000 Each Occurrence, a minimum \$500,000 General Aggregate, and a 30 Day Cancellation Notice.

Tab 7 (Continued)

(Air Medical)

Enter Insurance General Information

Effective Date

Expiration Date

General Insurance Agent

General Insurance Company

Policy Number

\$20,000,000 each occurrence

Yes No

\$20,000,000 general aggregate

Yes No

30 Day Cancellation Notice

Yes No

Add

Cancel

* Denotes Required Field 

Vehicle Insurance Details

Policy Number*

Effective Date*

Expiration Date*

Vehicle Insurance Company*

Vehicle Insurance Agent*

Scheduled Vehicle*

Yes No

Any Auto or All Owned Autos*

Yes No

30 Day Cancellation Notice*

Yes No

Minimum \$350,000 Combined Single Limit / Each Occurrence*

Yes No

Minimum \$100,000 Bodily Injury / Per Person*

Yes No

Minimum \$300,000 Bodily Injury / Per Accident*

Yes No

Minimum \$50,000 Bodily Injury / Per Accident*

Yes No

Or

Tab 8 (Document Upload)

- Click on “Add Document”
- The following documents are required to be uploaded in PDF format only:
 1. “Certificate of Insurance”: - Must include General Liability and Vehicle Liability
 2. “Blank Trip / Run Report”
 3. “Color Photo of the vehicle logo” - One photo

Home / Documents

Service Name: ABC Ambulance Service Code: Unassigned Service Type: Ambulance/MoICU Status: Draft New

Service Type Details Medical Director Contacts Service Area Satellites Vehicles Insurance Documents Confirmation Invoice Complete

Documents Save and Close

Documents

No Documents Present

You must add at least one of each Document Type before moving on

Cancel Save and Previous Save and Continue

Question regarding the EMS MTLS, please email: medicaltransportation@dps.ohio.gov Or call 800.233.0785 and ask for an EMS MTLS Coordinator
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Document Upload

The maximum allowed file size is 10 MB
The following file types are permitted: .pdf
The following are not considered proof of insurance: Photo ID, Declarations Page

Document Type* File*

Choose File No file chosen

Close Save

Tab 9 (Confirmation Page)

- This page displays the information entered into the application.
- Please review for accuracy.
- Once reviewed, check the box at the bottom of the page indicating that you have reviewed the information provided for accuracy. Click on “Save and Continue”.

Home / Review and Confirm

Service Name: ABC Ambulance Service Code: Unassigned Service Type: Ambulance/MoICU Status: Draft New

Service Type Details Medical Director Contacts Service Area Satellites Vehicles Insurance Documents Confirmation Invoice Complete

As an authorized representative of the service named in this application, I do hereby attest that the information provided in this application is accurate and complete.

Cancel Save and Previous Save and Continue

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Tab 10 (Invoice and Payment)

- A detailed invoice of charges will appear for your review prior to submitting payment.
- This page may be printed and used as an invoice for financial purposes.
 - You may click “save and close” at the top to exit the process but not lose any of your completed work.
- Click “Proceed to Payment” to access the payment website.

Home / Invoices

Service Name: ABC Ambulance Service Code: Unassigned Service Type: Ambulance/MoICU Status: Draft New

Service Type Details Medical Director Contacts Service Area Satellites Vehicles Insurance Documents Confirmation Invoice Complete

Save and Close

Invoice Date: 1/9/2020		Invoice Number: 000043		Invoice Amount: \$300.00		Invoice Status: Open	
Description:		Item	Quantity	Unit Price	Total		
Ambulance (EMSO) License			1	\$100.00	\$100.00		
Ambulance Permit Fees			1	\$100.00	\$100.00		
Ambulance Inspection Fees			1	\$100.00	\$100.00		
					Total	\$300.00	

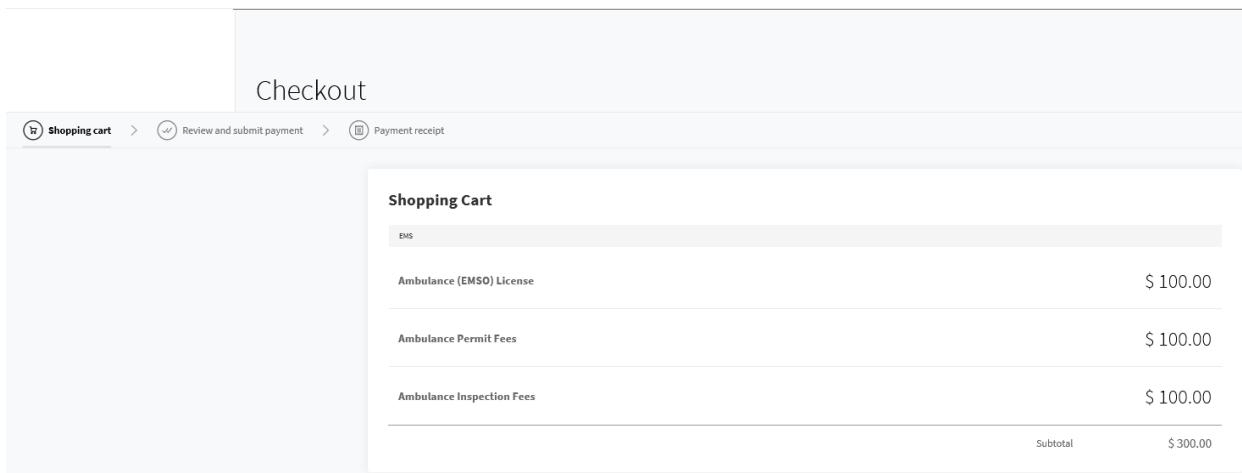
Cancel Previous Proceed to Payment

Question regarding the EMS MTLS, please email: medicaltransportation@dps.ohio.gov Or call 800.233.0785 and ask for an EMS MTLS Coordinator
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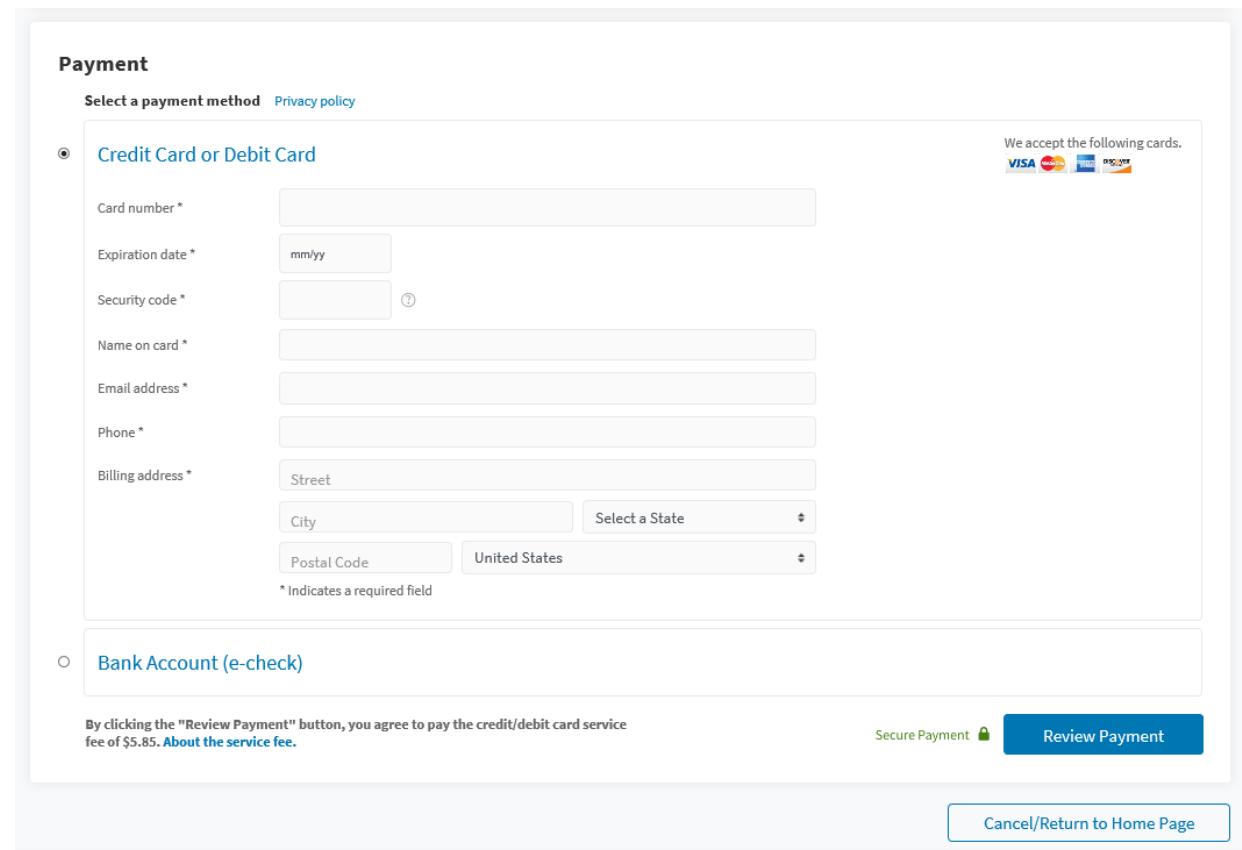
Payment Options

1. Credit or Debit Card – Additional Transaction Fee Applies
2. Bank Account (e-check) – No Additional Fee

Once you have been directed to the payment website, follow the prompts and choose your method of payment.



The screenshot shows a payment website interface. At the top, a header bar includes a 'Logout' link, a 'Help' link, and a 'Search' bar with placeholder text 'Search'. Below the header is a 'Checkout' section with a breadcrumb trail: 'Shopping cart' > 'Review and submit payment' > 'Payment receipt'. The main content area is titled 'Shopping Cart' and contains a table with three items: 'Ambulance (EMSO) License' (\$100.00), 'Ambulance Permit Fees' (\$100.00), and 'Ambulance Inspection Fees' (\$100.00). The total 'Subtotal' is \$300.00. At the bottom of the cart table is a 'View cart' link.



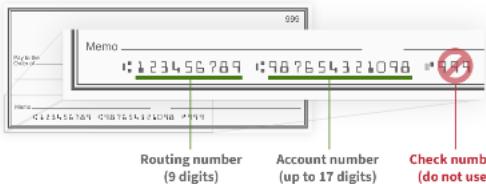
The screenshot shows a 'Payment' page. At the top, it says 'Select a payment method' and 'Privacy policy'. There are two radio button options: 'Credit Card or Debit Card' (selected) and 'Bank Account (e-check)'. The 'Credit Card or Debit Card' section contains fields for 'Card number *', 'Expiration date *', 'Security code *', 'Name on card *', 'Email address *', 'Phone *', and 'Billing address *'. The 'Billing address' section includes fields for 'Street', 'City', 'Select a State', 'Postal Code', and 'United States'. A note at the bottom of this section says '* Indicates a required field'. To the right of the card input fields, there is a note 'We accept the following cards.' followed by icons for VISA, MasterCard, American Express, and Discover. At the bottom of the page, a note states: 'By clicking the "Review Payment" button, you agree to pay the credit/debit card service fee of \$5.85. [About the service fee](#)'. Below this are 'Secure Payment' and a 'Review Payment' button. At the very bottom is a 'Cancel/Return to Home Page' button.

Payment Options (Continued)

① Bank Account (e-check)

Bank account payments can only be made from **regular U.S. checking or savings accounts** in U.S. dollars. Most checks issued from money market accounts, credit card companies, mutual funds, brokerage accounts, home equity or other lines of credit **cannot** be processed as a bank account payment. Please verify with your financial institution that there is no alternate routing number required for bank account payments.

Bank account payments returned by your bank for ANY REASON will void your payment. Additional fees may be charged as a result of returned payments.



SAMPLE CHECK ONLY - Your check layout may vary.

Routing number *

Account number *

Confirm account number *

Account type

Checking Savings

Name on account *

Email address *

Phone *

Billing address *

 Street City Postal Code

This account is

Personal Business

* Indicates a required field

Secure Payment

Review Payment

Cancel/Return to Home Page

Payment Options (Continued)

Verify Bank Account Information

Please verify the following information:

Account holder:	test 123 test test, OH 45612 US
Email address:	test@test.com
Phone:	1234567890

Please also verify the following regarding your bank account:

- 9999999992 is a routing number for electronic checks. (Your bank (**Customer Bank**) may use a different routing number for electronic checks.)
- Bank account 1234567890 is an account that supports electronic check transactions. (Some accounts, such as money market accounts, may not.)
- You do not have a debit filter or block on account 1234567890.
- The bank account number 1234567890 does not include the paper check number. (Check the last few digits.)
- You have sufficient funds in bank account 1234567890 to make this payment.

If you are unsure whether you have entered the correct information, please contact your bank (**Customer Bank**). Any error in the information you provide will result in a failed payment and possibly additional fees.

I confirm that I have verified the routing and account number entered.

[Go Back](#) [Review Payment](#)

After you have completed entering your Credit Card / E-Check information, you will have one final confirmation page prior to submitting the payment.

Review and Pay

Shopping cart > Review and submit payment > Payment receipt

EMS	
Ambulance (EMSO) License	\$ 100.00
Ambulance Permit Fees	\$ 100.00
Ambulance Inspection Fees	\$ 100.00
Subtotal	\$ 300.00

Payment Details

Checking Account
Checking ending in 7890

Total	\$ 300.00
-------	-----------

[Edit Order](#) [Submit Payment](#)

You will then be given the opportunity to print the “receipt” from the payment website prior to returning to the MTLS website.

Home / Invoices

Service Name: ABC Ambulance **Service Code:** Unassigned **Service Type:** Ambulance/MoICU **Status:** Draft New

Service Type Details Medical Director Contacts Service Area Satellites Vehicles Insurance Documents Confirmation Invoice Complete

✓ Complete

Your Application has been successfully submitted!



Question regarding the EMS MTLS, please email: medicaltransportation@dps.ohio.gov Or call 800.233.0785 and ask for an EMS MTLS Coordinator
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