



Aramat Billing Services, Inc
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CHECKLIST FOR STATE INITIAL PACKET

- LEGAL COMPANY NAME
- FEDERAL TAX ID
- PHYSICAL ADDRESS FOR COMPANY
- MAILING ADDRESS FOR COMPANY
- ADMINISTRATION TELEPHONE AND FAX
- DISPATCH TELEPHONE AND FAX
- OWNER NAME, DOB, EMAIL ADDRESS, TELEPHONE AND FAX
- DIRECTOR NAME, EMAIL ADDRESS, TELEPHONE AND FAX
- MEDICAL DIRECTOR NAME, COPY OF PERMIT, EMAIL ADDRESS, MAILING ADDRESS, TELEPHONE AND FAX, ALONG WITH A COPY OF THEIR PROTOCOLS ON A CD OR USB DRIVE
- COMPANY LEVEL OF CARE
- COPIES OF D.B.A./ARTICLES OF INCORPORATION
- NAMES OF EMT'S, LICENSE IDENTIFICATION # AND CERTIFICATE LEVEL
- TITLE, VIN # LICENSE #, TYPE, MAKE, YEAR FOR ALL VEHICLES
- CERTIFICATION OF INSURANCE WITH CERTIFICATE HOLDER AS FOLLOWS:
EMS CERTIFICATION, MAIL CODE 2835
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
PO Box 14937
Austin, Texas 78714-9347

- NAME OF COMPANY FOR BACK-UP COVERAGE INCLUDING OWNER'S NAME AND THEIR OFFICE/DISPATCH NUMBER
- LETTER OF CREDIT IN THE AMOUNT OF \$100,000.00 FROM YOUR FINANCIAL INSTITUTION
- LETTER OF APPROVAL FROM THE CITY YOU WISH TO OPERATE WITHIN