



Quality Assurance Department
Fax# 866-660-4372
Ride Assist Contact
866-246-9979

How to File a Virginia Medicaid Complaint

Virginia Medicaid complaints should be reported to the Ride Assist Call Center at 866-246-9979. A complaint number will be assigned and provided at the time of the call. If there is additional information to be provided, you may call back and add it to the initial complaint.

If a complaint is on-going, unresolved or egregious you may complete this written complaint form to expand the detail of your complaint. The complaint should be faxed to 866-660-4372.

If a fax machine is not available you may mail the complaint to:

LogistiCare Solutions, LLC
Attention Quality Assurance
7443 Lee Davis Road, Suite 200
Mechanicsville, VA 23111

When all avenues have been exhausted with LogistiCare and your complaint has not been resolved, you may escalate your issue to DMAS (e.g. an issue goes unresolved by LogistiCare, repetitive in nature, serious concern, or an accident or incident). Please fax the complaint to 804-371-6035 or contact your DMAS regional representative.



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Complaint Form for Non-Emergency Transportation

(Refer to instructions on how to submit a Virginia Medicaid complaint)

This form is not required /necessary if LogistiCare has been contacted and a complaint number has been issued.

Today's Date _____ Facility/Agency Name _____

Completed by _____ Title _____

Phone Number _____ Fax Number _____

Member's Legal Name _____ Member ID Number _____

Site of Complaint _____

Has Ride Assist been contacted? N Y (If yes, this form is not required) Complaint Number _____

Trip Date _____ Transportation Company Name _____

Nature of Complaint:

Please Check All That Apply

- Facility/Agency/Member/Family not notified regarding transportation provider and/or schedule changes
- Provider NO-SHOW (did not arrive)
- Provider was LATE or EARLY Scheduled Arrival Time _____ Actual Arrival Time _____
- Missed appointment (provider was late causing the member to miss their appointment)
- Incorrect vehicle type (wheelchair van requested, ambulatory vehicle sent)
- No vehicle available per LogistiCare
- Excessive travel time Pick up time _____ Arrival time _____
- Driver failed to follow special instructions (*please provide additional information below*)
- Driver safety (did not require seatbelt use, speeding, careless driving, eating, drinking, smoking, using cell phone/texting while driving, inappropriate conduct) (*please provide additional information below*)
- Driver issue (no name tag, driver rude, driver lost) (*please provide additional information below*)
- Passenger assistance level issue Please circle one (hand to hand, door to door, curb to curb)
- Vehicle safety (no inspection sticker, broken window, bald tires, cleanliness, no signage on vehicle, no heat or A/C) License plate number _____
- Wheelchair incident (not using 4 tie downs, no seat belt used, no shoulder restraint used, driver riding on wheelchair lift, lift not working properly) (*please provide additional information below*)
- Other issues (*please provide additional information below*)

Additional Information _____