

BOND NO.

AMBULETTE SURETY BOND

KNOW ALL BY THESE PRESENTS,

That we, _____, as principal and, _____, a _____ corporation with principal office at _____ as Surety, are held and firmly bound unto STATE OF NEW YORK MEDICAID INSPECTOR GENERAL in the sum of **ONE HUNDRED THOUSAND DOLLARS (\$100,000.00)** for the payment of which sum, well and truly to be made, we bind ourselves, our personal representatives, successors and assigns, jointly, and severally.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH:

Whereas the Principal has been accepted or has applied for acceptance as a Transportation service provider, and

Whereas the Principal is required to reimburse the Obligee for all overpayments pursuant to Title 18 NYCRR Part 517 or Title 18 NYCRR Part 515.

NOW, THEREFORE: If the Principal shall pay to the Obligee all funds due the Obligee according to the aforementioned statutes, then this obligation shall be void, otherwise to remain in full force and effect.

PROVIDED HOWEVER, that this bond is written upon the following expressed conditions:

- (1) That no liability shall accrued under this bond until the Obligee has met all of its obligations under the Title 18 of NYCRR.
- (2) That in no event shall the Surety be liable for more than penal sum stated herein.
- (3) That the Surety herein may, if it so elects, terminate its obligation under this bond by first giving thirty days written notice of its intention to the Obligee; however, the Surety shall nevertheless remain liable for any and all accrued indebtedness of the Principal incurred prior to the termination date.

This bond shall become effective _____ and shall expire on _____.

SIGNED AND SEALED THIS _____ DAY OF _____ 20_____.

CLIENT

WITNESS _____, PRESIDENT

SURETY

WITNESS _____ BY _____, ATTORNEY-IN-FACT

Principal's Address:
Surety Name:
Surety Phone Number:
Surety Fax Number: