Statewide Medicaid Managed Care Registered Provider Initiative

Date:	Contact Person completing form:

Email Address:	Phone Number:

Registered Provider Information:

NOTE: Application Tracking Numbers terminated due to incomplete documentation will not be considered if greater than six months old. A new application will be required if the ATN was terminated before March 2022.

Registered Provider ID:	Application Tracking Number (ATN):	Date ATN was Submitted:

For ATN status, please visit: Enrollment Status | Florida Medicaid Web Portal (flmmis.com)

Business Name:

NPI:	License #:	Tax/FEIN:

DBA:

Owner(s) #1 Info:	Background Screening Status:

Owner #2:	BGS Status:

Owner#3:	BGS Status:

Owner#4:	BGS Status:

Please email this completed form to: MedicaidEligibilityOutreach@ahca.myflorida.com. Any additional questions regarding Provider Enrollment, call 1-800-289-7799, Option 4.

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