



GOVERNOR

SECRETARY

0242321584



Dear Provider:

Welcome to the Florida Medicaid program. Your application to provide services to Florida's Medicaid recipients has been approved. We are pleased that you have chosen to join us in our efforts to serve the needs of Florida's Medicaid recipients. As an approved provider, you may submit claims for reimbursement under the Medicaid programs within the scope of coverage of your provider type for Medicaid eligible individuals.

Please refer to the Florida Medicaid provider handbooks as a valuable resource for information that explains how the Medicaid program operates. The Coverage and Limitations Handbook describes policy specific to your provider type. The Reimbursement Handbook describes how to bill for services rendered on the appropriate claim form. These handbooks are available for download from the Medicaid website at <http://mymedicaid-florida.com>. If you do not have access to the internet, you may request handbooks by calling the fiscal agent at **1-800-289-7799**. Please specify whether you want to receive a CD containing PDF files of the handbooks or, if you prefer, pre-printed hard copies.

The handbooks also contain the contact information for HP, the Florida Medicaid fiscal agent, as well as for the Agency for Health Care Administration staff in your local area. The AHCA area office staff is available to answer policy questions that you cannot find an answer for in the Coverage and Limitations Handbook. HP has staff available Monday through Friday, 7:00 a.m. - 6:00 p.m., to answer your enrollment, billing and eligibility questions. HP also offers several automated options for getting the same information quickly and efficiently.

The success of the Florida Medicaid program is dependent on providers like you who furnish services directly to Medicaid recipients. Thank you for your participation and your efforts to maintain and improve the health of Florida's Medicaid recipients.

Sincerely,

A handwritten signature in black ink that reads "Gay L. Munyon".

Gay L. Munyon, Chief
Medicaid Contract Management

cc: Provider File

Enclosure



[REDACTED]
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Provider Enrollment Information

Provider NPI: [REDACTED]
Medicaid Provider ID: [REDACTED]
Taxonomy: [REDACTED]
Address: [REDACTED]

Provider Type: [REDACTED]
Provider Speciality: [REDACTED]
Secondary Speciality: [REDACTED]

The effective date of your Medicaid ID for billing purposes is: [REDACTED]

Provider Contracts: [REDACTED]

