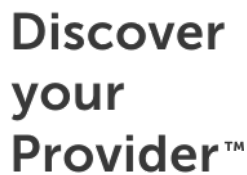


Marisa Smart

8/6/18, 3:12 PM



Medicaid/ MHSP



Licensure, Certification, Accreditation, Endorsement

Taxonomy

Specialties and subspecialties

Gastroenterology, Otolaryngology

Specialties and subspecialties

Insurance

The State recognizes provider based facilities that have received official designation from CMS. Have you been designated by CMS as a 'provider based facility'?

No

National provider identification (NPI)

National provider identification (NPI)

Drug enforcement agency (DEA)

Drug enforcement agency

Other Medicaid state

Are you or have you been previously enrolled as a Title XIX Medicaid or Title XXI CHIP provider in another state?

No

Other Medicaid/CHIP state

Are you enrolled in Medicare?

No

Pay for performance

Are you a participant in Medicare's pay for performance (P4P) incentive program? No

No

Lump sum dollar amount

Percent (%) of Payment

Begin date

End date

Address Information

Physical address(PO box not accepted)

Some str

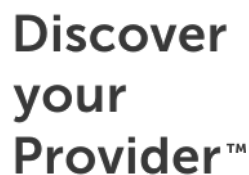
Building, suite

Zip

12312-3123

Phone/Fax

Location contact person(s)



First name	MI	Last name	Phone	Ext	Fax	Email	Position
UserF		UserL	(032)155-6666				

Email type	Email address
C-Correspondence	kjhkjh@mail.ca

Gender served	Male
Languages supported	Italian
Age range served	All
Interpretive services	
Accepting new patients?	No
Reason	
Reason date	
Are you a pharmacy or do you provide pharmacy services?	No

Number	1
Is this location TDD/TTY equipped?	No
TDD/TTY Phone	
Population served available	Waiver
Available accessibility	

County	All counties
Selected counties	
Reservation	All reservations
Selected reservations	

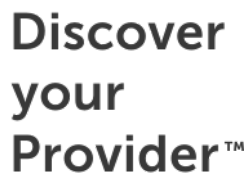
Is this location open 24 hours? No

Are the office hours the same Monday - Friday? No

Does this location provide emergency services after standard business hours? No

After Hours Contact Phone

(c)2018 HHS Technology Group.
All rights reserved.



No

Yes

Zip

Personal Info

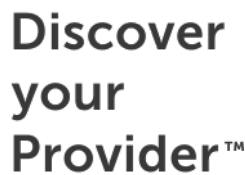
01643-4586

123321231231

(032)345-6578

National provider identifier(NPI)

Requested EFT Start/Change/Cancel date



Is this billing address the same as the service location?

Yes

Physical address(PO box not accepted)

Building, suite

Zip

Phone/Fax

Location contact person(s)

Remittance advice

Provider information

Provider name

Provider address

Building, Suite

Zip

Provider identifiers information

Provider identifiers

TIN identifier

EIN identifier

National provider identifier(NPI)

Other identifiers

Assigning authority

Trading partner ID

Provider contact information

Provider contact name

Email Address

Telephone number

Fax number

Preference for aggregation of remittance data

Provider federal tax identification
number(TIN)

TIN number

NPI number

Method of retrieval

Electronic remittance advice clearinghouse information

Clearinghouse name

Telephone number

Email Address

Reason for submission

Authorized signature

Electronic signature of person submitting enrollment

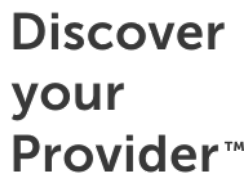
Printed title of person submitting enrollment

Submission date

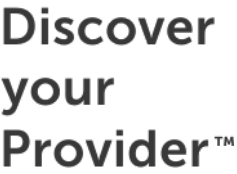
Requested ERA effective date

Remittance advice frequency

Bi-weekly



Paper



Do any of the members of your immediate family (spouse, parent, child, sibling) have ownership of 5% or greater in a subcontractor to your business or practice? No

Relative information

Exclusion / Sanction

Exclusion / Sanction information

1. Have you or any member of your immediate family or household ever been convicted or excluded from the Title XVIII, Title XIX, or Title XX program or any federal program due to fraud, obstruction of an investigation, controlled substance violation? No

Name

2. Do you, under any name or business identity, have any outstanding overpayments with Title XIX or any other federal program?

Federal program

3. Have you ever been convicted of a felony under federal or state law? No

4. Administrative sanction(s)? No

Date of occurrence

5. Professional board disciplinary action(s)? No

Date of occurrence

6. Program exclusions?	No
------------------------	----

Date of occurrence

7. Suspension of payments? No

Date of occurrence

8. Civil monetary penalty(s)? No

Date of occurrence

9. Assessment(s)? No

Date of occurrence

10. Program debarment(s)? No

Date of occurrence

11. Criminal fine(s)? No

Date of occurrence

12. Restitution order(s)? No

Date of occurrence

13. Pending civil judgment(s)? No

Date of occurrence

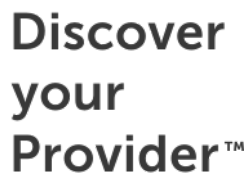
14. Pending criminal judgment(s)? No

Date of occurrence

15. Judgment(s) pending under the false claims act? No

Date of occurrence

PCCM



No

Please select type

Join existing group

24-Hour phone number

No

Group NPI

Upload documents

document_pdf_example.pdf

document_pdf_example.pdf

document_pdf_example.pdf

document_pdf_example.pdf

document_pdf_example.pdf

document_pdf_example.pdf

document_pdf_example.pdf

document_pdf_example.pdf

document_pdf_example.pdf

document_pdf_example.pdf

TITLE	enrollmentApplication.pdf
FILE NAME	MNG5b68655414d2df...4680028732080.pdf
DOCUMENT ID	4d07ca5177582e6c9b63d3aeb83784af25c61a7c
STATUS	● Completed

Not legally binding. This is a test request.

This document was signed on engagepoint.ua

Document History



SENT

08/06/2018
15:12:26 UTC

Sent for signature to Marisa Smart (zhphm@mail.ca) from
devops@hhstechgroup.com
IP: 217.76.195.186



VIEWED

08/06/2018
15:12:27 UTC

Viewed by Marisa Smart (zhphm@mail.ca)
IP: 217.76.195.186



SIGNED

08/06/2018
15:12:43 UTC

Signed by Marisa Smart (zhphm@mail.ca)
IP: 217.76.195.186



COMPLETED

08/06/2018
15:12:43 UTC

The document has been completed.