

Medicaid Provider Enrollment Application Process

The First component of the Billing Process is the submission of the Medicaid Enrollment Application.

1. Information needed for the Application.
 - a. Completed Medicaid Provider Application which includes
 - i. A Provider Application – We complete
 - ii. Copy of your Tax ID Form
 - iii. Copy of your NPI Number(if available)
 - iv. IRS W-9 form (with original signature)
 - v. Institutional Medicaid Provider Agreement Form – We will provide
 - vi. Copy of Facility License (if applicable, pending licensure)
 - vii. Finger Print Card or AHCA Background Clearance letter for all Company officials

2. For Waiver Applications Only
 - i. Referral Agreement
 - ii. Copy of AHCA survey
 - iii. Copy of Certificate of Liability Insurance
 - iv. Copy of Floor Plan
 - v. Non-Institutional Medicaid Provider Agreement Form
 - vi. Finger Print Card or AHCA Background Clearance letter for all Company officials

NOTE: Please submit information via:

Office: 15251 NE 18th Avenue, Suite 3, North Miami Beach, Florida 33162

Email: info@arendells.com or

Fax to 305-956-5150