

Medicaid Provider ID: \_\_\_\_\_  
or, Application Tracking Number (ATN)



**Practitioner Collaborative Agreement**

To enroll as a Medicaid provider, an ARNP or PA must submit this collaborative agreement signed by the applicant and a practitioner licensed pursuant to Chapter 458, 459, or 466, Florida Statutes, to document the professional relationship between the applicant and the practitioner.

**Applicant's Name:** \_\_\_\_\_

**License Number:** \_\_\_\_\_  
*(Include prefix designation. Example: PA12345)*

**Collaborating Practitioner's Name:** \_\_\_\_\_

**Florida License Number:** \_\_\_\_\_  
*(Include prefix designation. Example: ME00011)*

**Medicaid Provider ID:** \_\_\_\_\_  
*(optional)*

**“By signing this form, we certify that we will collaborate in the provision of medically necessary services provided to Medicaid recipients.”**

\_\_\_\_\_  
Signature of PA or ARNP

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Collaborating Physician

\_\_\_\_\_  
Date