



Managed Care Treating Provider Registration

Providers who are not already enrolled with the Florida Medicaid program, and who perform services for Florida Medicaid eligible recipients under a Medicaid capitated managed care organization (MCO), may submit this form to obtain a Florida Medicaid provider ID. The provider ID may then be used to submit encounter data for the services rendered under the MCO. The provider may also be available as an option for assignments in the choice counseling process.

- **Applicants who do not sign this form will not be available as an option for assignments in the choice counseling process.** An MCO may submit the form on their behalf and a provider ID will be assigned solely for the submission of encounter data.
- **This form may not be used to apply as a fee-for-service provider.** If the applicant plans to submit claims directly to Florida Medicaid for fee-for-service reimbursement, they must submit the full Florida Medicaid Provider Enrollment Application, available at <http://mymedicaid-florida.com>.

1. Provider Name

Enter the applicant's name and, if applicable, a Doing Business As (D/B/A) designation.

Last Name or Business Name: _____

First Name: _____

Middle Name or Initial: _____

Doing Business As: _____

(Optional)

2. Tax Information

Check the appropriate box to indicate a Social Security Number (SSN) or Federal Employer Identification Number (FEIN) and list the nine (9) digit number.

Social Security Number

Federal Employer Identifier Number _____

3. Address Information

NOTE: The Service Location Address must be a physical location, not a Post Office box or mail service center.

Service Location Address: _____

Building, Suite Number: _____

City: _____

State: _____

ZIP: _____

County: _____

Telephone Number: _____

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Area Code

4. Service Type Information

Enter the appropriate provider type and specialty from the "Guide for Completing a Florida Medicaid Provider Enrollment Application" located at <http://mymedicaid-florida.com> for the services you plan to provide.

NOTE: If the applicant's provider type is not one of the standard Florida Medicaid provider types as listed in the "Guide for Completing a Florida Medicaid Provider Enrollment Application", enter provider type "97", Managed Care Treating Provider, Non-Medicaid, and choose one of the following codes to populate the specialty code field.:

800 – Acupuncturist

801 – Nutritionist

802 – Independent Diagnostic Testing Facility

803 – Other

Provider Type: _____

Specialty Type: _____

5. Provider Identifier Information

Enter the applicant's NPI, taxonomy, professional or facility license, pharmacy permit, or CLIA Certificate, if applicable.

NPI: _____

(if required by NPI rule)

Taxonomy: _____

(required)

License/Permit: _____

(if required to practice the services indicated in # 4 above.)

CLIA Certificate: _____

(if required to practice the services indicated in # 4 above.)

