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 ____________