



FLORIDA MEDICAID HANDBOOK ORDER FORM



ORDER FORM COMPLETION INSTRUCTIONS

- Shipping Information:** Type or print your Medicaid Provider Number, Provider Name, and mailing address. Please note that we must have a street address as we cannot ship to a P.O. Box.
- Quantity:** Indicate quantity needed in the **QUANTITY** column.
- Cost:** Cost is based on the quantity requested. Handbooks are priced per set which includes the Provider General Handbook, provider specific Coverage and Limitation Handbook(s), Reimbursement Handbook(s), and appropriate fee schedule(s). Each handbook set is \$10.00 for either hardcopy or CD.
- Payment:** Make check or money order payable to HP and mail along with completed form to the following address:

HP Enterprise Services
Attn: Handbook Order
2672 Executive Center Circle
Tallahassee, FL 32301

S H I P T O	MEDICAID PROVIDER NUMBER (IF APPLICABLE)
	PROVIDER NAME
	STREET ADDRESS
	CITY, STATE, ZIP CODE
	ATTENTION

Please check requested format: Hardcopy CD

HANDBOOK	QUANTITY	AMOUNT	HANDBOOK	QUANTITY	AMOUNT
COVERAGE AND LIMITATIONS					
Advanced Registered Nurse Practitioner			Hospital Services		
Aged and Disabled Adult Waiver Services			Independent Laboratory Services		
Ambulance Transportation			Intermediate Care Facility for the DD		
Ambulatory Surgical Centers			Medicaid Certified School Match Program		
Assistive Care Services			Medical Foster Care		
Birth Center and Licensed Midwife Service			Mental Health Targeted Case Management		
Child Health Check-Up (formerly EPSDT)			Nursing Facility Services		
Chiropractic Services			Optometry		
Community Behavioral Health Services			Physician		
County Health Department Certified Match Program			Physician Assistant		
County Health Department Clinic Services			Podiatry Services		
Dental			Portable X-Ray Services		
Developmental Disabilities Waiver Services			Prescribed Pediatric Extended Care Centers		
Durable Medical Equipment/Medical Supply Services			Project AIDS Care Waiver Services		
Early Intervention Services			Registered Nurse First Assistant		
Federally Qualified Health Services			Rural Health Clinic Services		
Freestanding Dialysis Center			State Mental Health Hospital Services		
Hearing Services			Therapy Services		
Home Health Services			Traumatic Brain and Spinal Cord Injury Waiver Services		
Hospice Services			Visual Services		
REIMBURSEMENT					
ADA Dental Claim Form			Prescribed Drug Services		
CMS 1500 Claim Form			Transportation		
TOTAL AMOUNT ENCLOSED					