MEDICAID APPLICATION

ADMH

OFFICE OF AUTISM SERVICES

ENROLLMENT FORMS INCLUDED IN THIS APPLICATION:

- **Provider Disclosure Form (2 pages)**
- **Corporate Board of Directors Resolution (1 page)**
- **Signature Page (1 page)**
- **Civil Rights Compliance Information Package (17 pages)**
- **Provider Agreement (5 pages)**
- **Telemedicine Services Agreement (1 page)**

INSTRUCTIONS:

1) Complete enrollment forms by typing or printing legibly using black ink only.
2) Complete a Provider Disclosure Form for ***each*** applicable individual, ***as indicated on the Disclosure Form***.
3) Complete one copy of each of the remaining forms.
4) Attach ***ALL*** additional documents indicated within the 17 pages of instructions on the Civil Rights Compliance Information Packet.
5) Attach a Certificate of Incorporation (for Alabama) or Certificate of Authority (if corporation is registered in a state other than Alabama)
6) Make a copy of the application for your files.
7) Send the original, signed, application to:

Alabama Department of Mental Health
ATTN: Autism Services
100 North Union Street
Suite 350
Montgomery, AL 36130

PROVIDER WEB PORTAL APPLICATION SIGNATURE

Signature must be original and be that of the applicant or an authorized representative ONLY if enrolling as a provider facility/group.

_____

Signature

_____

Printed or Typed Name

_____ _____

Title Date

_____

NPI of Applicant