Statewide Medicaid Managed Care
Provisional Out-of-network Provider Enrollment

Information specific to provisional providers is located on the Florida Medicaid's website, www.mymedicaid-florida.com. Click on the New Medicaid Providers page, under the Provider Services menu, at the top of the site for more information. Questions may also be directed to the Florida Medicaid Help Desk at 1-877-553-7481.

Fields marked with an asterisk (*) are required.
Fields marked with a carat (^), complete as applicable.
Taxonomies and Specialties by provider type can be obtained from the Florida Medicaid Taxonomy guide at www.mymedicaid-florida.com: Click Provider Services, then Enrollment Forms.

IDENTIFYING INFORMATION

Provisional Registration Type*			
☐ Sole Proprietor ☐ Facility, or Other Business Entity			

Provider Type*	Specialty Type*	Taxonomy^

Business or Last Name*	First Name^	M^	Suffix

Doing Business As (D/B/A)^

Tax ID Type*	Tax ID*	NPI Type^	NPI^
☐ SSN ☐ FEIN		☐ IND ☐ ORG	

License Number^	License State^	CLIA Certificate^	DEA Certificate^

ADDRESS*

Street Address Line 1* *(Not a P.O. or Drop Box)*			

Street Address Line 2^			

City*	State*	ZIP Code*	+ 4^

Telephone Number* *(with Area Code)*	Fax Number^	County*

E-mail Address*

MEDICAID HEALTH PLAN CONTACT*

First Name*	Middle Initial^	Last Name*	
Miriam		Amat	

Health Plan Name*	Telephone Number*	E-mail Address*
AmeriHealth Caritas Florida	855-464-8812 ext. 305-10-21808	PNM_Inquiries@amerihealthcaritasfl.com

Email completed form to: **FL-emergent-enroll@dxc.com**