Mississippi Division of Medicaid
EMERGENCY PROVIDER ENROLLMENT FORM
For Out-Of-State Providers

(Providers must be enrolled in their State Medicaid Program to use this Form.)

This short form is for temporary provider enrollment due to Hurricane Gustav. Mississippi Medicaid Provider enrollment will be granted for 30 days (08/28/08 – 09/27/08). If you wish to remain a Mississippi Medicaid provider for longer than this time, you must complete a regular provider enrollment packet which can be found at http://msmedicaid.acs-inc.com	**Your State Medicaid Provider #:** **NPI:** **Provider Type/Specialty:** **Taxonomy Code:**

Provider Information and Location

Provider Name (Legal Business Name as reported to IRS)			Area Code & Telephone # ( ) -		License/DEA # & State of Issuance -
Provider D/B/A Name			Identify Organization of Provider: ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Sole Proprietor ☐ Other (Specify) _____		
Physical Street Address - Can Mail Be Received at this address: ☐ Y ☐ N			Mailing Address (if different)		
City	State	Zip Code	Mailing Address City	State	Zip Code
Tax Reporting Information (SSN or EIN)	Contact person		Contact telephone number/fax #		

Provider Attestation of Information

I, the undersigned, certify to the following:

1. I have read the contents of this enrollment and the information contained herein is true, correct and complete;
2. I understand that it is my responsibility to maintain current information on the Mississippi Medicaid files and failure to do so may result in delayed payments or closure of the Medicaid Provider Number;
3. I understand that the Mississippi Medicaid files will be updated with information supplied on these forms.
4. I understand that reimbursement will be issued by paper checks.
5. I understand that this number is a temporary and emergency number.

Print Provider's Name	**Provider's Signature/Authorized Representative**	**Date**

ALL PROVIDERS MUST COMPLETE ENTIRE FORM– INCOMPLETE FORMS WILL BE RETURNED FOR CORRECTION

ACS Healthcare Information
Provider/Beneficiary Services
1-800-884-3222

Fax form to 601-206-3015